

755695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

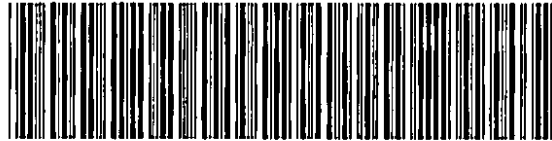
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TALLAHASSEE, FL

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C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hollingsworth Place Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 755695

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela J. Childers

Name of Contact Person

1st Heritage Realty & Managment, Inc.

Firm/Company

P.O. Box 268

Address

Eagle Lake FL 33839

City/State and Zip Code

pjchilders@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Childers

at

863 412-6267

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hollingsworth Place Condominium Association, Inc.

2. The principal office address: 1 Lake Hollingsworth Dr
Lakeland FL 33803

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-30-1980 Document number: 755695

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Christopher M Fear
One Lake Morton Dr
Lakeland FL 33801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nicholas Merriweather
Sanoba Law Firm
P.O. Box NOT acceptable
422 Florida Avenue S, Lakeland, FL 33801

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Allan Davis
Signature of an officer or director

Allan Davis, Sec/Treas
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Nicholas P. Merriweather
Signature of Registered Agent

9.30.19
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***