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(((H23000035944 3)))



H230000359443ABC/

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

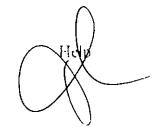
\*\*Enter the email address for this business entity to be used for futtren annual report mailings. Enter only one email address please.\* Email Address:\_

REGISTERED AGENT CHANGE FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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Corporate Filing Menu



From Kai

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

statement of cha	nge is submitted for a corporation org	502, 607,1508, or 617,1508, Florida St anized under the laws of the State of <mark>Fl</mark> stered agent, or both, in the State of Fl	<u>.                                    </u>
1. The name of t	he corporation: FOREST LAKES HOM	IEOWNERS ASSOCIATION, INC.	
	office address: 9887 4th Street NorthSui		
3. The mailing a	ddress (if different): 9887 4th Street No	rthSuite 104 St. Petersburg, FL 33702	
4. Date of incorp	poration/qualification: 10/30/1981	Document number: 758250	
5. The name and		agent and registered office on file with	n the
	ASSOCIA GULF COAST		2023
	C/O Associa Gulf Coast 9887 4th Street NorthSuite 104		JAN
	St. Petersburg, FL 33702		27
6. The name and (ifchanged):	ASSOCIA GULF COAST  C/O Associa Gulf Coast 9887 4th Street NorthSuite 104  Si. Petersburg, FL 33702  Street address of the new registered agent (if changed) and /or registered office  FL AHAS SET STATE  8. 5		
	C T Corporation System		THE PO
	P.O t Plantation, Florida 33324	lox NOT acceptable	
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its	registered agent.
Such change wa authorized by th	is authorized by resolution duly adoptive board, or the corporation has been to	ed by its board of directors or by an o notified in writing of the change.	fficer so
	Specification	Jori Sawan, Authorized Person	
Signato	etor	Printed or typed name and tifle	
I further agrée t of my duties, an document is bei	ng filed merely to reflect a change in been notified in writing of this chang	atutes relative to the proper and comp bligation of my position as registered the registered office address. Thereby	lete performance agent. Or, if this confirm that the
	- Jen Saria	01/06/2023	
Sign	nature of Registered Agent	Date	
II signing on bel	half of an entity:		
Terrie Bates, Ass	istant Secretary		
fy	ped or Printed Name		
	* * * FILING F	FEE: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO F	LORIDA DEPARAMENTOF STATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DEVISION OF CORPORATIONS, P.O. BOX 6327, TAI LAHASSEF, FL 32314 CR2E045 (04/13)

By: