758496

(Re	questor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIŁ
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04/12/21--01015--005 **35.00

Office Use Only

Reg Agent office Change CH:

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: CITRUS CHASE HOMEOWNERS' ASSOCIATION, INC. Name of Corporation **DOCUMENT NUMBER:** 758496 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: Jan McClanahan Name of Contact Person Southwest Property Management of Central FL Inc Firm/Company 13350 W Colonial Drive STE 330 Address Winter Garden, FL 34787 City/State and Zip Code jan@swpmcfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jan McClanahan 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	office address: C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL INC.
2. The principal of	office address: C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL INC.
13350 W COLON	MAL DRIVE STE 330 WINTER GARDEN, FL 34787
3. The mailing ad	dress (if different): P. O. BOX 783367
4. Date of incorpo	Idress (if different): P. O. BOX 783367 pration/qualification: 05/22/1981 Document number: 758496
The name and :	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
<u>:</u>	DON ASHER AND ASSOCIATES INC.
-	1801 COOK AVENUE
<u>(</u>	ORLANDO, FL 32806
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered off O
-	SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FLING
1	13350 W COLONIAL DRIVE STE 330
	P.O. Box NOT acceptable
	WINTER GARDEN, FL 34787
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
kome	Mr. Julh Bearing M. Kella
I hereby accept th	e appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this een notified in writing of this change.
	4/7/21
If signing on behal	If of an entity:
Турес	d or Printed Name

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