759696





600364367016

05/17/21--01029--021 **35.00

TALLAHASSEE, FL

6/10/2

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Southwood 2, Lot 11 Condo Assoc Incof Corporation	
	JMENT NUMBER: 759696	
The en	closed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Abraha	am Ashton	
Name	of Contact Person	
Southv	rood	
Firm/C 825 N	Company N 13th ar 1801 NE Minn General ss the TT. 32601 Minn FL 3. tate and Zip Code	der Or Apr 242
Addre	ss	
Gainsv	me. 77.32601 Mich., FL 3.	3179
City/S	tate and Zip Code	
	aashtonn@hotmail.com	
E-mai	l address: (to be used for future annua	l report notification)
For fu	ther information concerning this matter,	please call:
Abraha	ım Ashton	21 (918) 853-3067
	Name of Contact Person	at (918)853-3067 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of $rac{\Gamma}{2}$ registered agent, or both, in the State of Fl	Torida	this 	_
1. The name of	he corporation: Southwood 2, Lot 11	Condominium Assoc Inc			
	office address: 1501 NE Miami Gard				
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 8/19/81	Document number: 759696			
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with signed)	h the		
	Resigned - Dawn Johnson, First Cho	ice Realty of NFL LLC			
	825 NW 13th St, Gainsville, FL 3260)I			
			SEC	2021	
6. The name and (if changed):		l agent (if changed) and /or registered offi	RETARY O	2021 MAY 17 PM 11: 22	
	Abraham Ashton		OF S	= X	
	1501 NE Miami Gardens dr Apt 242		FI.	: 22	
		O. Box NOT acceptable	•		
	Miami, Fl 33179				
The street address changed will	ss of its registered office and the s be identical.	treet address of the business office of its	register	red age	ent,
		opted by its board of directors or by an connotified in writing of the change.			
		Abraham Ashton- Treasurer			
I hereby accept I further agree of of my duties, an document is bei	e of an officer or director the appointment as registered age o comply with the provisions of ali d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this che	Printed or typed name and tille nt and agree to act in this capacity. I statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby ange.		rforma Or, if n thái	ince this the
		05-11-21			
Sig	nature of Registered Agent	Date			_
If signing on be	half of an entity:				
Abraham Ashton					
Т	ped or Printed Name				

* * * FILING FEE: \$35.00 * * *
KS PAYABLE TO FLORIDA DEPARTMENT OF STATE