161348

(Requestor's	Name)
(Address)	1
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document I	Number)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Off	icer:
<u>. </u>	
Office I	Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
Quail Run Condominium Association of Hillsborough County, Inc.		
Name of Corporation		
DOCUMENT NUMBER: 761248		
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:		
Charles Evans Glausier		
Name of Contact Person		
Ġlausier Knight, PLLC		
Firm/Company		
400 N. Ashley Drive, Ste. 2020		
Address		
∄ampa, FL 33602		
City/State and Zip Code		
cˈglausier@glausierknight.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Charles Evans Glausier ,813 ,440-4600		
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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (03/12)

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

	sions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this submitted for a corporation organized under the laws of the State of Florida
	hange its registered office or registered agent, or both, in the State of Florida.
1. The name of the co	poration: Quail Run Condominium Association of Hillsborough County, Inc.
2. The principal office	address: 17824 N. US Hwy 41., Lutz, FL 33549
3. The mailing addres	s (if different):
4. Date of incorporation	Document number: 761248
5. The name and stree Florida Department	address of the current registered agent and registered office on file with the of State: (If resigned, enter resigned)
Cha	rles Evans Glausier
180	1 N. Highland Avenue
Tan	npa, FL 33602
6. The name and stree (if changed):	t address of the new registered agent (if changed) and /or registered office
Ch	arles Evans Glausier
400	N. Ashley Drive, Suite 2020
Таф	npa, FL 33602
	lits registered office and the street address of the business office of its registered agent.
Such change was authauthorized by the boa	horized by resolution duly adopted by its board of directors or by an officer so ird. or the corporation has been notified in writing of the change.
15/ Yunre K	Yvonne Reed, President Printed or typed name and title
I hereby accept the a I further agree to con performance of my di agent. Or, if this doc hereby confirm that i	pointment as registered agent and agree to act in this capacity, apply with the provisions of all statutes relative to the proper and complete wites, and I am familiar with and accept the obligation of my position as registered imment is being filed merely to reflect a change in the registered office address. I be corporation has been notified in writing of this change.
Charles	Registered Agent Date
Signature o	Registered Agent Date
If signing on behalf o	Tan entity:
Typed or	Printed Name
	* * * FILING FEE: \$35.00 * * *
Mail. tÇ	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE DESCRIPTION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)