7/19/2019

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C 1	Addrass			
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REGISTERED AGENT CHANGE OAK PLAZA CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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JUL 2 3 2019

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

statement of cho	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of e or registered agent, or both, in the State of	Florida	this	
1. The name of	the corporation: Oak Plaza Cond	lominium Association, Inc.			
	office address: reet, Suite 1200, Irvine, CA 9251	14			
	iddress (if different): Street, Suite 1200, Icvine, CA-93				
4. Date of incorp	poration/qualification: 06/07/19	Document number: 763580			
5. The name and		egistered agent and registered office on file w			
	CORPORATION SERVICE CO	_	201		
1201 HAYS STREET				2019 JUI	٠ ا
	TALLAHASSEE, FL 32301-25	25	· ; -	. 22	-
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):			ffice	PM I:	
	CT Corporation System		- <i>- ,</i>	19	
	1200 South Pine Island Road				
	P.O. Box. NOT acceptable Plantation, Florida 33324				
The street address changed will	ess of its registered office and be identical.	the street address of the business office of i	ts registe	red ager	ıt,
1	1	y adopted by its board of directors or by an s been notified in writing of the change.	officer s	o	
P Bel	inger	Patricia Belanger, Secretary			
I hereby accept I further agree performance of avent. Or if th	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	Prince in greet with a ped with a layent and agree to act in this capacity. of all statutes relative to the proper and convith and accept the obligation of my positionely to reflect a change in the registered officialities in writing of this change.	nplete n as revi:	stered ss, I	
By: CT Cor	7/19/2019				
_	nature of Registered Agent half of an entity:	Date			
Michele Holden,					
Т	sped or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (03/12)