764339

| (Red | questor's Name) | |
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| (Add | dress) | |
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| (City | //State/Zip/Phone | ¥) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Name | e) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: Orange Blossom Ranch Association, Name of Corporation | lnc. |
| DOCUMENT NUMBER: 764339 | |
| The enclosed Statement of Change of Registers | red Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Tiffany McElheran, Esq. | |
| Name of Contact Person | |
| Martinez Law, P.A. | |
| Firm/Company | |
| 2818 Cypress Ridge Blvd., Suite 230 | |
| Address | |
| Wesley Chapel, FL 33544 | |
| City/State and Zip Code | |
| tiffany@martinezlawffa.com | n |
| E-mail address: (to be used for future annu- | al report notification) |
| For further information concerning this matter, | , please call: |
| Tiffany McElheran | et (813)803-4887 Area Code & Daytime Telephone Number |
| Name of Contact Person | |

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha | erprovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida elevation organized under the laws of the State of Florida. | |
|--|--|--|
| 1. The name of | the corporation: Orange Blossom Ranch Association, Inc. | |
| 2. The principal | l office address: 2019 Osprey Lane, Lutz, FL 33549 | |
| 3. The mailing a | address (if different): | |
| 4. Date of incor | poration/qualification: 05/01/1997 Document number: 764339 | |
| 5. The name and | d street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned) | |
| | Frazier, Nathan, Frazier & Bowles, Attorneys at Law | |
| | 202 S. Rome Avenue, Suite 125 | |
| | Tainpa, FL 33606 | |
| 6. The name and (if changed): | | |
| | <u> </u> | |
| | 2818 Cypress Ridge Blvd , Suite 230 PO Box NOT acceptable | |
| | Wesley Chapel, FL 33544 | |
| as changed will | | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. | |
| <u></u> | President | |
| Signatu | re of an officer or director Printed or typed name and title | |
| l hereby accept I further agree of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. | |
| | 2-4-2021 | |
| 18 Sig | enature of Registered Agent Date | |
| If signing on be | chalf of an entity: | |
| т | Typed or Printed Name | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR26045 (04/13)