

765167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 08 21
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mission Oaks Owner's Association, Inc
Name of Corporation

DOCUMENT NUMBER: 765167

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:

Barbara C. Reid
Name of Contact Person

Wright & Casey, P.A
Firm/Company

340 N. Causeway
Address

New Smyrna Beach, FL 32169
City/State and Zip Code

breid@surfcoastlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bride Holbrook - Sec/Treas at (386) 423-0119
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MISSION OAKS OWNERS ASSOCIATION, INC.
2. The principal office address: 2002 Porto Blvd, N.S.B, FL 32168
3. The mailing address (if different): 2002 Porto Blvd, N.S.B. FL 32168
4. Date of incorporation/qualification: 1982 Document number: 765167
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MATT PETERSON, P.A. (DeLoach + Peterson)

418 CANAL ST.

New Smyrna Beach, FL 32168

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barbara C. Reid

Wright + Casey, P.A.

P.O. Box NOT acceptable

340 N. Cassenway, N.S.B, FL 32169

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Linda Holbrook
Signature of an officer or director

LINDA HOLBROOK - SEC/TREAS.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Paul C. Reid
Signature of Registered Agent

8/19/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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TALLAHASSEE, FLORIDA