765570

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Entry Name)
(Document Number)
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COVER LETTER

TO:

TO: Amendment Section Division of Corporations
SUBJECT: Las Brisos Mighthered Association, Inc., Name of Corporation
DOCUMENT NUMBER: 765570
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:
Roberta Q. Dalton
Name of Contact Person Cagle Property Management of Maples, Line Firm/Company
Firm/Company Address Address
Made 70 34109
City/Stare and Zip/Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
State Obligation at (239) 597-7619 Area Code & Daytime Telephone Number
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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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 Florida Statutes.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Las Brisas Prightshood association, Inc
2. The principal office address: 6/0 Cage Property Management of Maples, 4
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/27/1983 Document number: 765570
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)
Southwest Oneputy Management
10 44 Castelle Drive Suite 206
Daples FL 34103
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Brhesta & Dalton
Co Cage Property Management of Majoles, Inc. 10132 Kenny Gust, Daples 71 34109
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.
The Supplied 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.
Signature of Registered Agent 5-27-2020 Date
If signing on behalf of an entity:
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 CR2E045 (04/13)