767101

(Requestor's Name)			
(Address)			
(Address)			
(ladioss)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(2000)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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05/23/24--01005--018 **35.00

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COVER LETTER

TO: A	Amendment Section Division of Corporations	
SUBJEC Name of	CT: Oak Ridge Maintenance and Property Owne Corporation	rs' Association
DOCUM	IENT NUMBER: 767101	
The encle	osed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please re	turn all correspondence concerning this matt	er to the following:
Michael T	Г Garris	
Name of	Contact Person	
Oak Ridg	e Maintenance and Property Owners' Association	
Firm/Cor	mpany	
3936 Berl	lin Drive	
Address	-	
Sarasota,	Florida 34233	
City/Stat	e and Zip Code	
	mtgarris1@gmail.com	
E-mail a	address: (to be used for future annual repo	ort notification)
For furth	er information concerning this matter, please	call:
Michele	e Cok / Treasurer	at (941) 920 0187 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed	I is a \$35.00 check made payable to the Depa	ertment of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
Division of Corporations Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of change is submitted f	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta for a corporation organized under the laws of the State of $\frac{1}{2}$ gistered office or registered agent, or both, in the State of Flo	LORIDA	
_	Oak Ridge Maintenance and Property Owners' Association	,, , , , , , , , , , , , , , , , , , ,	
1. The name of the corporation: _	3936 Berlin Drive, Sarasota, Florida, 34233		
2. The principal office address:	,	• • •	
3. The mailing address (if differer	nt):		
4. Date of incorporation/qualificat	tion: Document number:		
5. The name and street address of Florida Department of State: (1)	the current registered agent and registered office on file with resigned, enter resigned)	the	
RESIGNED:			
Lisa Parsloc			
3970 Berlin Drive	e, Sarasota, Florida 34233		
6. The name and street address of (if changed): Michael T Garris	the new registered agent (if changed) and /or registered of the	2024 MAY	-Ti
	S	23	
3936 Berlin Drive	P.O. Box NOT acceptable		
		1 1 1	
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its	registered	agent.
Such change was authorized by rauthorized by the board, or the c	resolution duly adopted by its board of directors or by an of orporation has been notified in writing of the change.	fficer so	
Mulily Cole	Michele Cok / Treasurer		
Signature of an officer or direc	for Printed or typed name and title		
I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar was document is being filed merely to corporation has been notified in	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and comp with and accept the obligation of my position as registered to reflect a change in the registered office address, I hereby writing of this change.	lete perfor agent. Or confirm th	mance if this at the
Inched /X	05-17-24	4	
Signature of Registered Ag If signing on behalf of an entity:	gent (zate		
Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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