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(Re	equestor's Name)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJE	Name of Corporation
DOCU	MENT NUMBER: N 000000000 169
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	DREW Pommer  Name of Contact Person
	LIVE OAK RESERVE HOA, INC.
	1809 E. BROADWAY STE 408 Address
	OVERDO J FL 32765  City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:  Drew Pomnet  Name of Contact Person  at (321) 527 9777  Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

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
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: Live Oak Reserve Home Owners Association Inc.
1. The name of the corporation: Live Oak Reserve Home Owners Association Inc.  2. The principal office address: 180 9 E. BROADWAY SUITE 408  OVIEDO, RL 32765
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/10/2000 Document number: N00000000169
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)
Lighthouse Properties Int., Inc. 645 (LASSIC CT STE 104)
Melbourne, FL 32940
6. The name and street address of the new registered agent (if changed) and /or registered office
Drew Prinnet  1809 E. Broadway STE 408  P.O. Box NOT acceptable  Oviedo FL 32765
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.
Signature of an officer or director  Drew Poinnet Programme 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 2 4 JUL 12 Date
If signing on behalf of an entity:
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 (03/12)

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