

# NDDDDDDDD0026 88

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

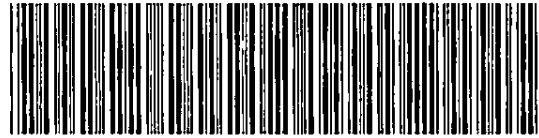
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200304023982

10/04/17--01005--016 \*\*55.00

2017 OCT -4 AM 10:21

OCT 06 2017  
CLERK

**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 7145 Turner Road, Suite 101  
Rockledge, Florida 32955
3. The mailing address (if different): 7145 Turner Road, Suite 101  
Rockledge, Florida 32955
4. Date of incorporation/qualification: 04/18/2000 Document number: N00000002688
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)

ROSSIN & BURR, PLLC

1550 SOUTHERN BLVD, Suite 100

WEST PALM BEACH, FL 33406

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

Omega Community Management, Inc.

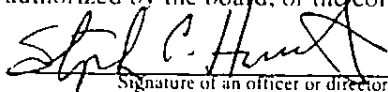
7145 Turner Road, Suite 101

P.O. Box NOT acceptable

Rockledge, Florida 32955

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

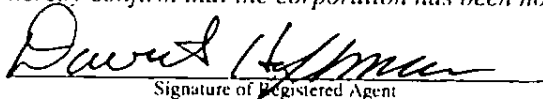
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Stephen Hobert

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

9-22-2017

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 (03/12)

2017 OCT -4 AM 10:21