

N 0000000319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

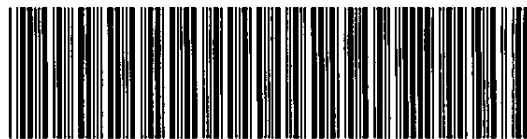
(Business Entity Name)

(Document Number)

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SHUMAKER.

Shumaker, Loop & Kendrick, LLP

Bank of America Plaza 813.229.7600
101 East Kennedy Boulevard 813.229.1660 fax
Suite 2800
Tampa, Florida 33602

www.slk-law.com

VANESSA GOODWIN
813.221.7164
vgoodwin@slk-law.com

November 6, 2013

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

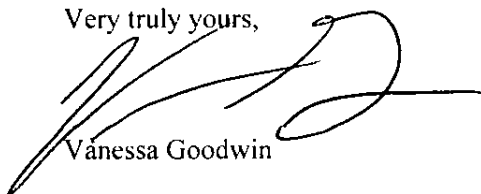
Re: *Grand Oaks Master Association, Inc.*

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations, along with our check #116855 payable to your office in the amount of \$35.00. Please provide us with a copy to indicate this has been processed in the pre-paid, self-addressed envelope provided.

Thank you for your time and attention to this matter. Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,



Vanessa Goodwin

VG/lmf
Enclosures

cc: Grand Oaks Master Association, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grand Oaks Master Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000003119

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:

Jonathan Ellis, Esq.

Name of Contact Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

101 East Kennedy Blvd., Suite 2800

Address

Tampa, FL 33602

City/State and Zip Code

jellis@slk-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Ellis, Esq.

Name of Contact Person

at (813) 229-7600

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

1. The name of the corporation: Grand Oaks Master Association, Inc.
2. The principal office address: 4131 Gunn Highway Tampa, FL 33618
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/10/2000 Document number: N00000003119

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)

FOWLER WHITE BOGGS, P.A.

501 E. KENNEDY BLVD. SUITE 1700

TAMPA, FL 33602

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

Shumaker, Loop & Kendrick, LLP, c/o Jonathan Ellis,


101 East Kennedy Blvd., Suite 2800

1 P.O. Box NOT acceptable

Tampa, FL 33602

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.



Digitally signed by Nancy Henninger
DN: cn=Nancy Henninger, o=us,
email=nancyhenninger@verizon.net, c=US
Date: 2013.10.27 21:37:23 -0400

Nancy D. Henninger, President

Signature of an officer or director

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

10/15/13

Date

If signing on behalf of an entity:

Jonathan J. Ellis

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)