## N0000000171/

| (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: |   |  |  |
|   |   |  |  |
|   |   |  |  |
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300423415423

02/16/24--01031--024 \*\*35.00

02/16/24

## . COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: Change of Members Name of Corporation  |   |  |  |  |  |
|---|---|--|--|--|--|
| DOCUMENT NUMBER: N00000003734   |   |  |  |  |  |
| 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:                                |  |  |  |  |
| Diane Mulloney/Office Manager   |   |  |  |  |  |
| Name of Contact Person  |   |  |  |  |  |
| ROYAL OAKS CG-OP, INC.  |   |  |  |  |  |
| Firm/Company  |   |  |  |  |  |
| 1012 Dundee Road, RTE 542   |   |  |  |  |  |
| Address   | . :   |  |  |  |  |
| Dundee, FL 33838  |   |  |  |  |  |
| City/State and Zip Code   |   |  |  |  |  |
| royaloaksınhp@gmail.com   | · '   |  |  |  |  |
| E-mail address: (to be used for future annual   | l report notification)                                  |  |  |  |  |
| For further information concerning this matter, p   | please call:  |  |  |  |  |
| Diane Mulloney  | at (863 )439-5954  Area Code & Daytime Telephone Number |  |  |  |  |
| Name of Contact Person  | Area Code & Daytime Telephone Number                    |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the   | Department of State.                                    |  |  |  |  |
| Mailing Address:<br>Amendment Section   | Street Address:   |  |  |  |  |
|   | Amendment Section                                       |  |  |  |  |
| Division of Corporations  | Division of Corporations                                |  |  |  |  |
| P.O. Box 6327   | The Centre of Tallahassee                               |  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

| statement of cha   | inge is submitted for a corporatio   | 617.0302, 607.1508, or 617.1508, Florida Statt<br>m organized under the laws of th <mark>e State of FLO</mark><br>m registered agent, or both, in the State of Flori   | RIDA  |
|--|--|--|---|
| 1. The name of   | the comoration: ROYAL OAKS C   | 70-0P, INC.  |   |
| 2. The principal<br>Dundee, Ft. 338                                      | 10   | CO-OP, INC.<br>I State RTE 542   |   |
| 3. The mailing a   |  |  |   |
|  |  | Document number: N0000000373   |   |
|  | I street address of the current regirtment of State: (If resigned, enter   | istered agent and registered office on file with the resigned)   | າຕ  |
|  | Betty L. Skime (termed ended) 10   | 12 Dundee Rd, Dundee, FL 33838   |   |
|  |  |  | F23   |
| 6. The name and (if changed):  |  | ered agent (if changed) and /or registered office  | -   |
|  | Roy (Jay) Rennau (new) 1012 Dui  | ndee Rd., Lot KY-73, Dundee, FL 33838  |   |
|  |  | - Nor  | ::<br>59  |
|  |  | P.O. Box NOT acceptable  |   |
| The street address changed will  | ess of its registered office and the be identical.   | e street address of the business office of its re  | gistered agent,                                       |
| Such change wauthorized by the   | VI 1)  | adopted by its board of directors or by an offi<br>been notified in writing of the change.   | cer so  |
| DK1  |  | R. Doug Kerr/Board President   |   |
| I hereby accept<br>I further agree<br>of my duties, ar<br>document is be | the appointment as register ed a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan's been notified in writing of this | Printed or typed name and title type is and agree to act in this capacity. Tall statutes relative to the proper and comple the obligation of my position as registered ag- type in the registered office address, I hereby co- change.  3/5/14 | te performance<br>ent. Or, if this<br>onfirm that the |
| If signing on be   | mature of Registered Agent chalf of an entity:  Syped of Printed Name  | Date   |   |
| •  | • •  |  |   |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILANG FEE; \$35.00 \* \* \*