(1	Requestor's Name)	
(.	Address)	
(	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
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## $L_{i}$ .

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: PLA	NTATION OAKS CONDOMINIUM A	ASSOCIATION, INC.
	Name of Corp	oration
DOCUMENT NU	MBER: N00023	
The enclosed State	ment of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter to	the following:
_	Karan L Ten Broeck	
	Name of Contac	et Person
	Firm/Comp	pany
_	823 SE 3rd Street	
	Address	\$
	Ocala, Florida 34471 City/State and Z	Zip Code
	·	•
_	karantb@outlook.com E-mail address: (to be used for futu	re annual report notification)
For further informa	ation concerning this matter, please call	:
Karan Ten Broecl	ne of Contact Person	nt ( 352 ) 470-6821 Area Code & Daytime Telephone Number
Nar	ne of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
		Amendment Section Division of Corporations
	Division of Corporations P.O. Box 6327	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

statement of chan	ge is submitted fo	or a corporation of	0502, 607.1508, or 617, rganized under the laws gistered agent, or both,	of the State of	Florida	_
1. The name of th	e corporation:	PLANTATION	OAKS CONDOMINIU	JM ASSOCIA	TION, INC.	
2. The principal o	office address:	820 SE 2nd Str	eet			
		Ocala, FL 3447	1			
3. The mailing ad	dress (if different	:): PO Box 4192				
		Ocala, FL 344	78-4192			
4. Date of incorpo	oration/qualificati	on: <u>11/28/1983</u>	Document nui	mber: <u>N000</u>	023	
		he current register resigned, enter res	red agent and registered ( igned)	office on file w	vith the	
_	MARIA .	A LEAL RO	esigned			
	7786 SE	12TH CICLE				
_	OCALA,	FL 34480			201 SE	
6. The name and some (if changed):		he new registered	agent (if changed) and /o	or registered of	HASSE	
-	823 S.E	3RD STREET			2:5 SFA E.FL	
	OCAL A	P.O. Box A, FL 34471	NOT acceptable		m 0	
as changed will b	s of its registered be identical.	I office and the sti	reet address of the busin pted by its board of dire i notified in writing of t			ent,
aumorized by the	board, or the co	rporation has been				
Suprdure	of an officer or directo	or	Summer Gill, P	resident r typed name and tit	ile	-
I furthêr agrêe to vierformance of v	comply with the wall a	provisions of all manufactures	t and agree to act in thi. statutes relative to the p nd accept the obligation reflect a change in the i ed in writing of this cha	proper and con val my position	n as revistered	
Karana VI	ME NO Registered Ages	nt	13/11/21	Date		_
If signing on beha	alf of an entity:					
Karan L	TEVIPS:00 ed or Printed Name	eck				

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