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(Requestor's Name)

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(Business Entity Name)

(Document Number)

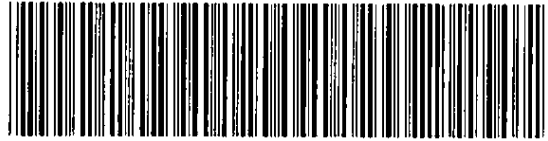
Certified Copies \_\_\_\_\_

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Special Instructions to Filing Officer:

Unit 15

Office Use Only



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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

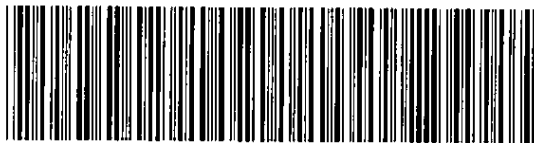
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Colony Cove Co-Op, Inc.  
Name of Corporation

DOCUMENT NUMBER: N01000000111

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:

Kathleen Reres

Name of Contact Person

Shumaker, Loop, & Kendrick

Firm/Company

101 E. Kennedy Blvd STE 2800

Address

Tampa, FL 33602

City/State and Zip Code

kreres@shumaker.com

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

For further information concerning this matter, please call:

Taylor Garcia

at

(813)

676-7231

Name of Contact Person

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Colony Cove Co-Op, Inc.
2. The principal office address: 5901 U.S. 19 North, Suite 7Q, New Port Richey, Florida 34652
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/4/2001 Document number: N01000000111
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)

Carol Clark

5112 Travelers Tree Drive

Tampa, FL 33602

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

Kathleen Reres c/o Shumaker, Loop, and Kendrick, LLP

101 E. Kennedy Blvd. Suite 2800

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.

Carol C. Clark  
Signature of an officer or director

Carol C. Clark, President  
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]  
Signature of Registered Agent

9/18/23  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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