

NO10000001628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

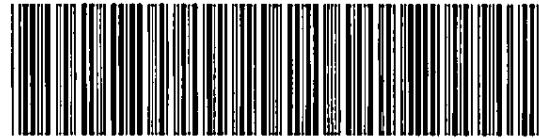
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS

OCT 17 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARRIAGE PARK CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01000001628

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:

David Hoffman

Name of Contact Person

Omega Community Management, Inc.

Firm/Company

7145 Turner Road, Suite 101

Address

Rockledge, Florida 32955

City/State and Zip Code

dhoffman@omegacmi.com

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

For further information concerning this matter, please call:

David Hoffman

Name of Contact Person

at (321) 757-7902

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: CARRIAGE PARK CONDOMINIUM 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: 03/08/2001 Document number: N01000001628
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)

TCB PROPERTY MANAGEMENT

137 S. COURTENAY PKWY, #683

MERRITT ISLAND, FL 32952

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

OMEGA COMMUNITY MANAGEMENT, INC.

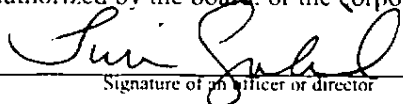
7145 TURNER ROAD, SUITE 101

P.O. Box NOT acceptable

ROCKLEDGE, FLORIDA 3295

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

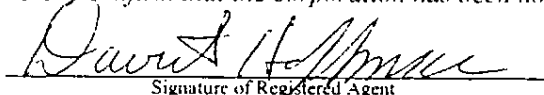
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Turi Galbraith - 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 of Registered Agent

8-28-2018
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)

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