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Clarence A. Boswell 1902-2005 David R. Carmichael + Savannah Young Cerullo Robert C. Chilton Seth B. Claytor W. A. "Drew" Crawford

\*-Board Certified, Criminal Trial

P.O. Drawer 30, Bartow, Florida 33831 245 South Central Avenue, Bartow, Florida 33830 Phone: (863) 533-7117 Fax: (863) 533-7412

Sender's e-mail address: robert@bosdun.com

George T. Dunlap, III, Retired Keith D. Miller Frederick J. Murphy, Jr. : Sean R. Parker Jillian T. Spangler Donald H. Wilson, Jr.

1- Board Certified, City, County, Local Government Law

February 19, 2021

#### Via US regular mail

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

> Hillside Heights Property Owners Association, Inc. Re:

> > Document Number: N01000006200

Dear Sir or Ma'am:

Please find, enclosed for filing, the Statement of Change of Registered Office of Registered Agent or Both for Corporations for Hillside Heights Property Owners Association, Inc. Also enclosed is my firm's check, payable to the Department of State, in the amount of \$35.00 for payment of the filing fee. If you have any questions, do not hesitate to contact me.

> Very truly yours. BOSWELL & DUNL

Chilton

Enclosures (as stated)

cc: Client

### **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: HILLSIDE HEIGHTS PROPERTY OWNERS ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N01000006200 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: ROBERT C. CHILTON, ESO. Name of Contact Person **BOSWELL & DUNLAP LLP** Firm/Company 245 SOUTH CENTRAL AVENUE Address BARTOW, FL 33830 City/State and Zip Code ROBERT@BOSDUN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT C. CHILTON, ESQ. Area Code & Daytime Telephone Number Name of Contact Person 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

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: HILLSIDE HEIGHTS PROPERTY OWNWERS ASSOCIATION, INC.
2. The principal office address: 6056 HILLSIDE HEIGHTS DRIVE
LAKELAND, FL 33812
3. The mailing address (if different): P.O. BOX 821, HIGHLAND CITY, FL 33846
4. Date of incorporation/qualification: 08/29/2001 Document number: N01000006200
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)
MONIQUE M. DOUGLAS
6056 HILLSIDE HEIGHTS DRIVE
LAKELAND, FL 33812
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROBERT C. CHILTON, ESQ.
_245 SOUTH_CENTRAL AVENUE
P.O. Box NOT acceptable  BARTOW, FL 33830
BARTOW, FL 33830
The street address of its registered office and the street address of the business office of its registered agenit, 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.
X Sam Maderia. President Signature of an officer by director  X Sam Moderia. 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 polified in writing of this change.  Signature of an officerotylarization as registered agent and agree to act in this capacity.  If signing on behalf of an entity:
ROBERT C. CHILTON, ESQ. Typed or Printed Name

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