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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: The Oaks Unit VIII Condominium Association, Inc. Name of Corporation DOCUMENT NUMBER: NO1633 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: Charles Evans Glausier Name of Contact Person Glausier Knight, PLLC Firm/Company 400 N. Ashley Drive, Ste. 2020 Tampa, FL 33602 City/State and Zip Code cglausier@glausierknight.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Evans Glausier
Name of Contact Person

at (813) 440-4600
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

statement of ch	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of ce or registered agent, or both, in the State of	Florida
1. The name of 2. The principa	the corporation: THE OAKS 17824 N.	UNIT VIII CONDOMINIUM ASSOCI US Hwy 41, Lutz, FL 33549	ATION, INC.
3. The mailing	address (if different):		·
4. Date of incom	rporation/qualification: 02/2	4/1984 Document number: N016	33
	d street address of the current artment of State: (If resigned, e	registered agent and registered office on file v nter resigned)	vith the
	Charles Evans Glau	sier	
	1801 N. Highland Av	venue	-
	Tampa, FL 33602	V	2017
6. The name an (if changed):		gistered agent (if changed) and /or registered o	
	Charles Evans Glau	sier	ED PH
	400 N. Ashley Drive	, Suite 2020	3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Tampa, FL 33602	P.O. Box NOT acceptable	47
The street addr as changed wil	ress of its registered office and I be identical.	the street address of the business office of i	ts registered agent,
Such change wauthorized by t	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an as been notified in writing of the change.	officer so
	Schneidt	Allen Schmidt, Preside	
Lhereby accen	t the appointment as registere to comply with the provisions f my duties, and I am familiar is document is being filed me that the corporation has been	Printed or typed name and to ad agent and agree to act in this capacity. It of all statutes relative to the proper and con- with and accept the obligation of my position with and accept the obligation of my position rely to reflect a change in the registered offi- in notified in writing of this change.	
Chal	gnature of Registered Agent	LODECIT Date	
If signing on be	chalf of an entity:	Date	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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