NOI 679

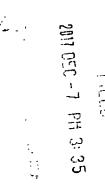
(Requi	estor's Name)			
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(City/S	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Carrollwood Oaks Property Owners Association, Inc.			
Name of Corporation			
DOCUMENT NUMBER: NO 1633			
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			
Address			
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 813 440-4600			
Charles Evans Glausier Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Ferson Area Code to Daytine 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 cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida inge is submitted for a corporation organized under the laws of the State o r to change its registered office or registered agent, or both, in the State o	f Florida	a
I. The name of	the corporation: Carrollwood Oaks Property Owners Asso	ociatio	n, Inc.
2. The principal	office address: 17824 N. US Hwy 41, Lutz, FL 33549		
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 02/28/1984 Document number: N016	379	
	I street address of the current registered agent and registered office on file tment of State: (If resigned, enter resigned)	with the	
	Charles Evans Glausier	<u> </u>	20
	1801 N. Highland Avenue	_	9 2017 DEC
	Tampa, FL 33602		FILE C - 7
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of	office	.ED
	Charles Evans Glausier	· ~.	ა ა
	400 N. Ashley Drive, Suite 2020	_	
	P O Box NOT acceptable Tampa, FL 33602		
The street addreas changed will	ess of its registered office and the street address of the business office of be identical.	– its regist	ered agent.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.	n officer	SO
	/S/Karin Millas, President Signature of an officer of director Printed or typed name and title		
Lhereby accept	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comy duties, and I am familiar with and accept the obligation of my positics document is being filed merely to reflect a change in the registered off that the corporation has been notified in writing of this change.		gistered ess. I
Sign	nature of Registered Agent Date		
If signing on be	half of an entity:		
T	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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