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COVER LETTER

Division of Corporations					
CHAU SUBDIVISION HOME OWNERS ASSOCIATION, INC.					
Name of Corporation					
DOCUMENT NUMBER: N0200005237					
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:					
Scott Haas, Esq.					
SCOTT A. HAAS, P.A.					
Firm/Company					
2911 N. Boulevard					
Address					
Tampa, FL 33602					
City/State and Zip Code					
shaas@shaaslaw.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Scott A. Haas, Esq. at 813 849-0050 Name of Contact Person Area Code & Daytime Telephone Number					
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 Street Address: Amendment Section					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
Division of Corporations Division of Corporations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ			·
•	er to change its registered office or regist		· · ·	
1. The name of t	the corporation: CHAU SUBDIVISI	ON HOME O	WNERS ASSO	CIATION, INC
	office address: 4601 HAINES RD			
	ETERSBURG, FL 33714			- ••
	address (if different): 5944 34 STRE	ET NORTH	17	
	TERSBURG, FL 33714			
4. Date of incorp	poration/qualification: 07/10/2002	Document r	number: N020000	05237
	d street address of the current registered a rtment of State: (If resigned, enter resigne		d office on file with t	the
ı	Haas, Scott A			
	12000 N Dale Mabry Hwy Su	ite 264		7.
·	Tampa, FL 33618			12
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and	1/or registered office	25 27
•	Haas, Scott		**	ن ر
	2911 N. Boulevard			
	P.O. Box NOT	acceptable		
	Tampa, FL 33602			
The street addre	ess of its registered office and the street a be identical.	address of the bus	siness office of its re	gistered agent,
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of ditified in writing o	rectors or by an offithe change.	cer so
July	lleun .	Hai Chau	Dir	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and a is document is being filed merely to reflect the corporation has been notified in	d agree to act in t ites relative to the ccept the obligati ect a change in th	e proper and comple on of my position as e registered office a	registered
. ((\bigvee	9	/19/19	
Sign	nature of Registered Agent		Date	
If signing on bel	half of an entity:			
T`\	yped or Printed Name			
· · ·	₹ *			

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