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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Oakwood Estates Homeowners Association, Inc.		
DOCUMENT NUMBER: N0200006080		
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:		
rease return an correspondence concerning this mater to the following.		
David L. Reed		
Name of Contact Person		
Oakwood Estates Homeowners Association, Inc.		
Firm/Company		
1702 Oakwood Estates Dr.		
Address		
Plant City, FL 33563		
City/State and Zip Code		
jenniekski@msn.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
David L. Reed Name of Contact Person at (813 717-9181) 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 **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	mge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Floria organized under the laws of the State o registered agent, or both, in the State o	of Florida
1. The name of	the corporation: Oakwood Esta	ates Homeowners Association	on, Inc.
2. The principal	office address: 1713 Oakwood	d Estates Dr., Plant City, FL	33563
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 8/12/200	2	000006080
	I street address of the current registe timent of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the
	Marino, Richard A I	Resigned	
	1713 Oakwood Estates [Dr.	
	Plant City, FL 33563		_
6. The name and (if changed):	I street address of the new registered Jennifer Scott	d agent (if changed) and /or registered	office NOV
	1706 McLeod Dr.		o :
	Plant City, FL 33563	NOT acceptable	— ₽ - 12 - 12
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of	
Such change wa	ns authorized by resolution duly ad ne board, of the corporation has be	opted by its board of directors or by a en notified in writing of the change.	an officer so
Man	ire of an officer or director	David L. Reed - President Printed or typed name and	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with	nt and agree to act in this capacity. I statutes relative to the proper and c and accept the obligation of my posit o reflect a change in the registered of fied in writing of this change.	omplete ion as registered
	nature of Registered Agent	///13/20/8	
If signing on be Jennit	half of an entity:		

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

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