10300009148

(Requestor's Name)
(Address)
(Address)
(Ct /Out 77 - /Ot 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700302709807

09/23/17--01017--014 **35.00

2011 AUG 23 A 4: 08

AUG 2 5 7017 T. FEMILLE

0

COVER LETTER

SUBJECT: TOWN HOMES OF KINGS Lake HOA, Inc.
DOCUMENT NUMBER: NO 3 00000 2 148
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:
EVIC W. DICKLY Name of Contact Rosson
Dickey Law Firm, P. A.
620 E. Twiggs St., Ste. 316
Tampa FL 33602 City/State and Zip Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) (221-2200) 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

Tallahassee, FL 32314

-:;;

TO:

Amendment Section Division of Corporations

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: TOWN homes of Kings Lake HOA, Inc. 2. The principal office address: 2870 Scherer Dr. N. Sts. 100 St. Peters burg, Ft. 33716
3. The mailing address (if different):
4. Date of incorporation/qualification: 3112003 Document number: 20-0469397
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)
Eric W Dickey 410 5, Ware Blvd., 5te, 606 Fine Tampa, FL 33619
6. The name and street address of the new registered agent (if changed) and /or registered official point (if changed): EVIC W TICKLY 620 E. TWIGS 5+ 5+ 316 Jeb. Box NOT acceptable Tampa FL 33602
The street address of its registered office and the street address of the business office of its registered agent, 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.
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 performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties.
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 notified in writing of this clumge. Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314