N03000003374

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEATH BROOK HILLS OWNERS' A	ASSOCIATION INC	
Name of Corporation	1000CIATION, INC.	
DOCUMENT NUMBER: N03000003374		
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Rebecca McCray		
Name of Contact Person		
Vine Management		
Firm/Company		
1515 East Silver Springs Blvd.#202		
Address		
Ocala, FL 34470		
City/State and Zip Code		
info@vinemgt.com		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter,	please call:	
Rebecca McCray	at (352)812-8086	
Name of Contact Person	at (352)812-8086 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	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E045 (04/13)

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 Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HEATH BROOK HILLS OWNERS' ASSOCIATION, INC.
2. The principal office address: 1515 East Silver Springs Blvd. #202, Ocala, FL 34470
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/21/2003 Document number: N03000003374
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)
Michelle Santana
1136 NE 14TH STOCALA, FL 34470
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Vino Management 1515 E Silver Springs Bib. # 202
1515 E Silver Sprhas Bib. #202 P.O.Jon NOT acceptable Ocala, FL 34470
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.
Signature of an officer or director Printed or typed name and title
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 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 change.
Multiple of Registered Agent August 28, 2023
If signing on behalf of an entity:
Rebecca McCray
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *