(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Cottages at Meadowbrooke Homeowners Association, Inc. Name of Corporation		
·		
DOCUMENT NUMBER: N03000003746		
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:		
Jackie Boyd		
Name of Contact Person		
McNeil Management Services, Inc		
Firm/Company		
PO Box 6235		
Address		
Brandon, FL 33508-6004		
City/State and Zip Code		
jackie@mcneilmsi.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jackie Boyd Name of Contact Person Name of Contact Person at (813) 571-7100 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: Street Address:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building		
Tallahassee. FL 32314 Cfillon 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 Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	the corporation: Cottages at Meadowbrooke Homeowners Association, Inc.
	office address: 1463 Oakfield Dr Suite 142, Brandon, FL 33511
3. The mailing a	address (if different): PO Box 6235, Brandon, FL 33508-6004
4. Date of incorp	poration/qualification: 5/2/2003 Document number: N0300003746
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
C/o	ASSOCIA GULF COAST, INC
	9887 FOURTH STREET NORTH SUITE 301
	ST. PETERSBURG, FL 33702
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	ROBERT TANKEL, PA
	1022 MAIN ST. SUITE D
	P.O. Box NOT acceptable DUNEDIN, FL 34698
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent. The identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
My J.	Nick Burkel Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the	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 complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	nature of Registered Agent Date
	half of an entity:
	or LTankol, Prosident
Ty	* * * FILING FEE: \$35.00 * * *

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