

N03 000004952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

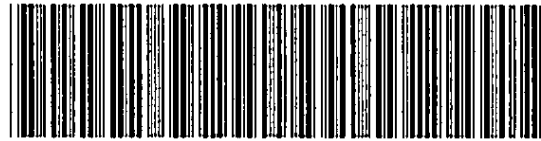
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OAKMONT ESTATES HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03000004952

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:

Becky Barin, Manager

Name of Contact Person

c/o FirstService Residential

Firm/Company

12794 W. Forest Hill Blvd., Suite 31

Address

Wellington, FL 33414

City/State and Zip Code

becky.barin@fsresidential.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Barin, Manager

Name of Contact Person

at (561) 296-0275

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**

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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OAKMONT ESTATES HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: c/o FIRSTSERVICE RESIDENTIAL, INC., 12794 W. Forest Hill Blvd., Suite 31, Wellington, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/10/2003 Document number: N03000004952
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)

Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel PA

201 ALHAMBRA CIRCLE, 11TH FLOOR

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, INC.

201 Alhambra Circle, 11th Floor

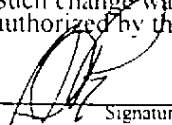
P.O. Box NOT acceptable

Coral Gables, FL 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MATTHEW BUEHLER PRESIDENT

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.



Signature of Registered Agent

12/10/2021

Date

If signing on behalf of an entity:

Lisa A. Lerner

Typed or Printed Name

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