

NO3000006769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

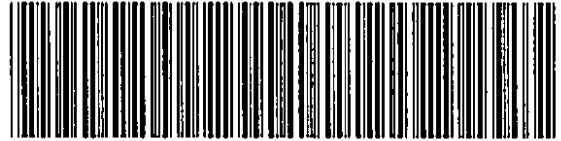
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100317856441

2010 SEP -4 P 2 37
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

SEP - 7 - 11

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Birchwood Forest Homeowners Association
Name of Corporation

DOCUMENT NUMBER: N03000006769

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:

Ruth M. Miller
Name of Contact Person

Birchwood Forest Homeowners Association
Firm/Company

4560 Sugarberry Lane
Address

Titusville FL 32796
City/State and Zip Code

RUTHMILLER@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth M. Miller at (321) 264-3267
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**

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

1. The name of the corporation: Birchwood Forest Homeowners Association
2. The principal office address: 4560 Sugarberry Lane
Titusville, FL 32796
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/5/2003 Document number: 1103000006769

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)

Resigned

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

Ruth M. Miller

4560 Sugarberry Lane

P.O. Box/NOT acceptable

Titusville, FL 32796

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.

Daniel Learned Pres.

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.

Ruth M. Miller

Signature of Registered Agent

8/17/2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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