

N03000010660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

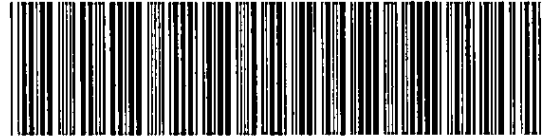
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/21/21--01008--003 **35.00

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2021 DEC 21 PM 12:38
CLERK OF COURT
JAN 19 2022

A. RAMSEY

JAN 19 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Celery Key Homeowners Association, INC
Name of Corporation

DOCUMENT NUMBER: N03000010660

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:

Tammi Morrison
Name of Contact Person

Morrison Management LLC.
Firm/Company

890 Northern Blvd Suite B2 Winter Springs, FL 32708
Address

City/State and Zip Code

Tammi@MorrisonManagementLLC.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammi Morrison at (321) 274-2496
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Celery Key Homeowners Association INC
2. The principal office address: 890 Northern Way, Suite B2
Winter Springs, FL 32708
3. The mailing address (if different): 12-16-2021
4. Date of incorporation/qualification: _____ Document number: NO300010660
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)

Bono and Associates, LLC
640 E. State Road 434
Longwood, FL 32750

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

Morrison Management+LLC
890 Northernway, Suite B2
P.O. Box NOT acceptable
Winter Springs, FL 32708

CLERK OF STATE
JANUARY 11, 2021
TALLAHASSEE, FL 32314

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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.

Sandy Barrett
Signature of an officer or director

Sandy Barrett
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.

Tammi Morrison
Signature of Registered Agent

12-16-21
Date

If signing on behalf of an entity:

Tammi Morrison
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
CR2E045 (04/13)