

N04000001154

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TALLAHASSEE, FLORIDA

FEB 10 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Springs Villas Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N0400001154

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:

Michael Shadle
Name of Contact Person

Professional Home Maintenance & Repair Services, Inc
Firm/Company

600 Autumn Fern Ln
Address

Deland, FL 32720
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Shadle at (386) 232-8419
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Blue Springs Villas Homeowners Association, Inc
2. The principal office address: 5200 Vineland Rd Ste 210 ORLANDO, FL 32811
skub

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/30/04 Document number: N04 000001154

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):

Professional Home Maintenance & Repair Services, Inc
600 Autumn Fern Lane, Deland, FL 32720
P.O. Box NOT acceptable

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.

Michael Shadle
Signature of an officer or director

Michael Shadle
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, hereby confirm that the corporation has been notified in writing of this change.

Michael Shadle
Signature of Registered Agent

1/29/14
Date

If signing on behalf of an entity:

Michael Shadle
Typed or Printed Name

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

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