

N04000002626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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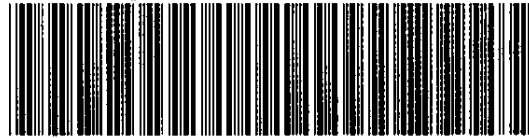
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLETTE

JUL 26 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHERN FIELDS HOA, INC..
Name of Corporation

DOCUMENT NUMBER: N04000002626

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:

Cynthia Montsinger
Name of Contact Person

RealManage, LLC
Firm/Company

5401 Kirkman Road, Suite 310
Address

Orlando, FL 32819
City/State and Zip Code

cynthia.montsinger@realmanage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Montsinger at (866) 473-2573
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Southern Fields HOA, Inc.
2. The principal office address: 541 Kirkman Road, Suite 310 Orlando, FL 32819
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/20/2005 Document number: N04000002626
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) _____

Leland Management

6972 Lake Gloria Blvd.

Orlando, FL 32809

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

Wade Meyer

RealManage, LLC

P.O. Box NOT acceptable

5401 Kirkman Road, Suite 310 Oriando, FL 32819

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.

Brian Cicco
Signature of an officer or director

BRIAN CICCO - HOA 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.

Wade Bray - Director
Signature of Registered Agent

07/15/2010
Date

If signing on behalf of an entity:

Wade Bray - Director, RealManage
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 (8/05)

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