

N04000004617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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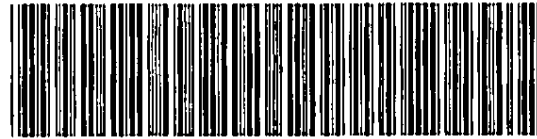
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SECRETARY OF
TALLAHASSEE
FLA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oakhurst Homeowners Association of Volusia County, Inc
Name of Corporation

DOCUMENT NUMBER: N04000004617

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:

Eva Herret

Name of Contact Person

Premier Association Management of Cfl

Firm/Company

3112 W Lake Mary Blvd

Address

Lake Mary, FL 32746

City/State and Zip Code

eva.herret@premiermgmtcfl.com

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

For further information concerning this matter, please call:

Eva Herret

Name of Contact Person

at (407) 333-7787

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: Oakhurst Homeowners Association of Volusia County, Inc.
2. The principal office address: 3112 W. Lake Mary Blvd., Lake Mary, FL 32746

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/01/2022 Document number: N04000004617

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 Suite 3000
Longwood, FL 32750

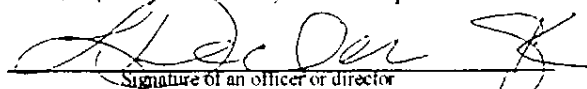
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SECRETARY OF
STATE
TALLAHASSEE, FL

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

Premier Association Management of CFL
3112 W. Lake Mary Blvd, Lake Mary, FL 32746
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.

 LESLIE DECLER, 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.

 11-11-2022
Signature of Registered Agent Date

If signing on behalf of an entity:

Eva Herret
Typed or Printed Name

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