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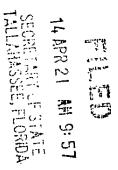
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ambersweet Farms Homeowners Association, Inc. Name of Corporation
DOCUMENT NUMBER: NO400006617
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:
Name of Contact Person
Name of Contact Person
Ambersweet Farms HOA Firm/Company
14811 Grady Sweat Lane Address
Winauma, FL 33598 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 442-6392 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

statement of cha	provisions of sections 607.0502, 617.0502, Inge is submitted for a corporation organiz to change its registered office or register	zed under the laws of the State of	f	iis 	-
1. The name of the	ne corporation: Ambersweet Farms	s Homeowners Associat	tion, Inc.		
2. The principal	office address: 14811 Grady Swea	t Lane, Wimauma, FL 3	33598		
	······				
3. The mailing ac	ddress (if different):			<u></u>	
4. Date of incorp	poration/qualification: 07/06/2004	Document number: N040	0000661	12	
	street address of the current registered agreement of State: (If resigned, enter resigned		with the		
	Brent Guess				
	14801 Grady Sweat Lane		_		
	Wimauma, FL 33598		_==		
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered o		14 APR	on the same
	Donna Graf			2	
	14811 Grady Sweat Lane				. earth
	P.O. Box NOT a Wimauma, FL 33598	acceptable		9: 5 7	
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of	its registere	ed age	ent,
-	s authorized by resolution duly adopted le board, or the corporation has been noti				
Signatur	re of an object of director	Mark Urbaniak, Treasu			-
I hereby accept I further agree t	the appointment as registered agent and o comply with the provisions of all status my duties, and I am familiar with and ac s document is being filed merely to reflect that the corporation has been notified in	tes relative to the proper and co	omplete on as regist fice address	ered , I	
0	(farosam	4/15/14			
	nature of Registered Agent	Date			
	half of an entity:		•		
Donna Graf	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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