## NO4 000 008 285

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Doe Creek Reserve Homeowner's Assoc	riation, Inc.
Name of Corporation	
DOCUMENT NUMBER: N04000008285	
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:
Trent Wolfersberger	
Name of Contact Person	
Firm/Company	
11723 Doe Creek Drive	
Address	
Lithia, FL. 33547	
City/State and Zip Code	
Mtrentw@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	lease call:
Trent Wolfersberger	at ( 443 ) 903-6400 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 cheek made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2413 N. Midilioc Street, Suite 610

Tallahassee, FL 32303

CR2E045 (04/13)

## 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, 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: Doe Creek Reserve Homeowners Associati	tion, Inc.
2. The principal office address: 11723 Doe Creek Pr Lithia, FL 335	547
3. The mailing address (if different):	
3. The mailing address (if different):  4. Date of incorporation/qualification: 8/24/2004 Document number: NOH CCCCC	<u> </u>
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)	
Wayne Griffin (Resigned)	
Wayne Griffin (Resigned)  11717 Doe Creek Dr	<b>2</b> 022
Lithia FL 33547	2022 OCT
$\Box$	
Michael Irent Wolfersberger	വ  വ്
11723 Doe Creek Dr	<b>5</b> 1
11723 Doe Creek Dr Lithia FL 33547	
The street address of its registered office and the street address of the business office of its registe as changed will be identical.	red agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer sauthorized by the board, or the corporation has been notified in writing of the change.	
Michael Trent Wolfers bereiter of an other or director Michael Trent Wolfers bereiter or typed name and title	erger
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address. I hereby confirmation has been notified in writing of this change.	rformance Or, if this m that the
Signature of Registered Agent 10 8 2022  Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	