## NO4000009083

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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JUN 0 4 2019 C Kinsey

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
	Tennessee Commons Homeowners Association, Inc
SUBJ	Name of Corporation
	No400009083
DOCU	JMENT NUMBER:
	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Cassandra Banning
	Name of Contact Person
	Firm/Company 2506 Clubhouse Dr
	Address Plant City, FL.33566
	City/State and Zip Code cassandralbanning@gmail.com
	E-mail address: (to be used for future annual report notification)
	ther information concerning this matter, please call: sandra Banning 813 716-0950
	Name of Contact Person at ( )  Area Code & Daytime Telephone Number
	The source Daytime Pelephone Hamber
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Tallahagaa, Fl. 23214  Milling Address: Amendment Section Division of Corporations Clifton Building Tallahagaa, Fl. 23214

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

	BOTH FOR CORPORATIONS
statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	Tennessee Commons Homeowners Association, Inc.
1. The name of th	1034 S Tennessee Ave Lakeland Fl. 33803
2. The principal of	office address:
3. The mailing ad	dress (if different):2506 Clubhouse Dr Plant City, FI 33566
4. Date of incorpo	oration/qualification. 9900000000000000000000000000000000000
Florida Departi	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
_	Kristen Crovetto, Resigned
_	1034 S. Tenneessee Ave.
_	Lakeland, FL.33803
6. The name and some (if changed):	street address of the new registered agent (if changed) and /or registered effice
_	Drucilla Tyler
	1038 S. Tennessee Ave.
_	P.O. Box NOT acceptable  Lakeland, Fl 33803
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Casso	Cassandra Banning, Treasurer  Printed or typed name and title
Lhereby accept th Lhurther agree to	of an officer or director  he appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete  ny duties, and I am familiar with and accept the obligation of my position as registered  document is being filed merely to reflect a change in the registered office address. I  nat the corporation has been notified in writing of this change.
Signal	ture of Registered Agent Date Date
If signing on beha	I I
Турк	ed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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