

NO 1000011451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

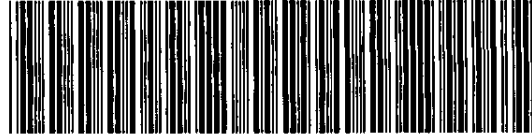
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

15 SEP 28 PM 12:53

*R/A Chg*

SEP 30 2015

R. WHITE



Shannon J. Towles  
Paralegal

Phone: (904) 423-5372  
stowles@bplegal.com

100 Whetstone Place, Suite 302  
St. Augustine, Florida 32086

September 25, 2015

**VIA FIRST CLASS MAIL**

Florida Department of State  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: La Terrazza Homeowners Association, Inc.  
Change of Registered Agent  
Client/Matter No. L22679-371953**

Dear Sir or Madam:

Enclosed is a cover letter, Statement of Change of Registered Office or Registered Agent or both for Corporations, and check number 505 in the amount of \$35.00 made payable to Florida Department of State which we have prepared on behalf of La Terrazza Homeowners Association, Inc. in order to change the Registered Agent for them.

Thank you for your help in this regard. Should you have any questions, please contact this office.

Sincerely,

  
Shannon J. Towles

Enclosures

cc: La Terrazza Homeowners Association, Inc.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Terrazza Homeowners Association, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N04000011451

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:

**Robyn M. Severs, Esquire**

Name of Contact Person

**Becker & Poliakoff, P.A.**

Firm/Company

**100 Whetstone Place, Suite 302**

Address

**St. Augustine, FL 32086**

City/State and Zip Code

**rsevers@bplegal.com**

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

For further information concerning this matter, please call:

**Robyn M. Severs, Esq.**

Name of Contact Person

at ( **904** ) **423-5372**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: La Terrazza Homeowners Association, Inc.
2. The principal office address: 8855 Pallazzo Terrace, Jacksonville, FL 32217
3. The mailing address (if different): same
4. Date of incorporation/qualification: December 8, 2004 Document number: N04000011451
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)

Patrick Whitford, Esquire

1431 Riverplace Boulevard, Suite 2902

Jacksonville, FL 32207

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

Becker & Poliakoff, P.A.

100 Whetstone Place, Suite 302

P.O. Box NOT acceptable

St. Augustine, FL 32086

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.

[Signature]  
Signature of an officer or director

Richard W Carr - 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.

[Signature]  
Signature of Registered Agent

9/25/15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)