

NO4 0000 11461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

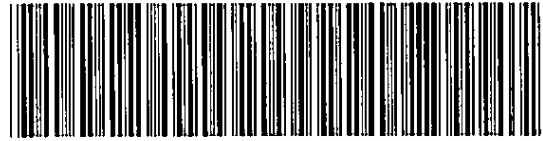
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sawgrass Village Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000011461

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:

Kelly Cate
Name of Contact Person
Resource Property Management
Firm/Company
7300 Park Street
Address
Seminole FL 33777
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
kate@resourcepropertymgmt.com

For further information concerning this matter, please call:

Kelly Cate at (727) 581-2662
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Sawgrass Village Homeowners Association Inc.
- 2. The principal office address: 7300 Park Street
Seminole, FL 33777
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/092004 Document number: N04000011461
- 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)

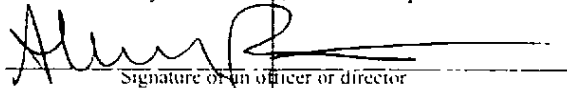
Associa Gulf Coast, Inc
9887 4th Street North, Suite 104
St. Petersburg, FL 33702

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 STATE DEPARTMENT OF
 TALLAHASSEE, FL

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- George Root III
109 S. Edison Ave
Tampa, FL 33606
- P.O. Box NOT acceptable

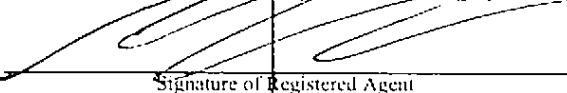
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


 Signature of an officer or director

Alexandra Pearson - 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 of Registered Agent

9/7/22
 Date

If signing on behalf of an entity:
George D. Root III
 Typed or Printed Name

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