

N04058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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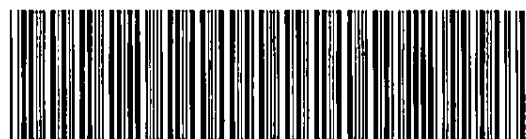
(Business Entity Name)

(Document Number)

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FALCONSBURG, OHIO

DEC 26 2017

C. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summerfield Master Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04058

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:

Antonio Duarte, III

Name of Contact Person

Antonio Duarte, III PA

Firm/Company

6221 Land o Lakes Blvd

Address

Land o Lakes, FL 34638

City/State and Zip Code

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

For further information concerning this matter, please call:

Antonio Duarte, III

Name of Contact Person

at (813) 933-7049

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: SUMMERFIELD MASTER COMMUNITY ASSOCIATION INC.
2. The principal office address: 13011 SUMMERFIELD BLVD
RIVERVIEW, FL 33579
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/9/84 Document number: NO4058
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)

ERIC W. DICKEY ESQUIRE
620 E TWIGGS STREET SUITE 316
TAMPA, FL 33602

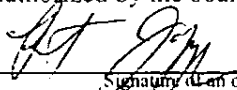
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANTONIO DUARTE, III ESQUIRE
6221 LAND O LAKES BLVD
P.O. Box NOT acceptable
LAND O LAKES, FL 34638

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FILED
TALLAHASSEE, FLORIDA

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

Robert Abruzzese, 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

12/20/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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