

N 0500003893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

DEC -3 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Birchwood at Live Oak Preserve Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N05000003893

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:

Kathleen Thatcher

Name of Contact Person

Firm/Company

20145 Bay Cedar Avenue

Address

Tampa, FL 33647

City/State and Zip Code

BirchwoodVillageHOA@gmail.com

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

For further information concerning this matter, please call:

Kathleen Thatcher

Name of Contact Person

813 9739082

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED

2018 DEC -3 PM 1:46

SECRET
TALL

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2018

KATHLEEN THATCHER
POST OFFICE BOX 47106
TAMPA, FL 33646

SUBJECT: BIRCHWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.
Ref. Number: N05000003893

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 618A00022514

**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: Birchwood at Live Oak Preserve Association, Inc.
2. The principal office address: 20145 Bay Cedar Avenue, Tampa, FL 33647

3. The mailing address (if different): PO Box 47106, Tampa, FL 33646

4. Date of incorporation/qualification: 04/15/2005 Document number: N0000003893

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)

Leung, Brian
3203 W Cypress St
TAMPA, FL 33607

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

Clifford R Thatcher

20145 Bay Cedar Ave

P.O. Box NOT acceptable

Tampa, FL 33647

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.

Clifford R Thatcher
Signature of an officer or director

Treasurer

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

11/30/2018

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

STATE DEPT OF STATE
TALLAHASSEE, FL

2018 DEC -3 PM 4:32

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