

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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DEC 03 2013

Account Name : SHUMAKER, LOOP & KENDRICK Est

Account Number : 075500004387

: (813)229-7600 Phone Fax Number : (813)229-1660

R. WHITE

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## REGISTERED AGENT CHANGE SPRING RIDGE OF HERNANDO HOMEOWNERS ASSOCIATION

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED STATEMENT OF CHANGE OF OF

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F. statement of change is submitted for a corporation organized under the laws of the St	lories 3000263055 3
in order to change its registered office or registered agent, or both, in the St	ate of Florida
1. The name of the corporation: Spring Ridge of Hernando Homeowne	rs Association, Inc.
2. The principal office address: Qualified Property Management, Inc., 5901 US Hwy. 19, 7Q, New Port Richey, FL 34652	
3. The mailing address (if different):	- 5 1
4. Date of incorporation/qualification: 05/19/2005 Document number: N	05840005234
<ol><li>The name and street address of the current registered agent and registered office on Florida Department of State: (If resigned, enter resigned)</li></ol>	i file with the
Mary A. White	
Qualified Property Management, Inc.,	
5901 US Hwy. 19, 7Q, New Port Richey, FL 346	
6. The name and street address of the new registered agent (if changed) and /or registre (if changed):	SECOLI J
Shumaker, Loop & Kendrick, LLP, c/o Jonathan t	EMBAY SERVICE TO THE
101 East Kennedy Blvd., Suite 2800	
Tampa, FL 33602	ID: 4 STATE ORIDA
The street address of its registered office and the street address of the business office as changed will be identical.	ce offits registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the obspection has been notified in writing of the change o	by the officer so
I hereby accept the appointment as registered agent and agree to act in this capacil further agree to comply with the provisions of all statutes relative to the proper a performance of my duties, and I am familiar with and accept the obligation of my p agent. Or, if this document is being filed merely to reflect a change in the registere hereby confirm that the corporation has been notified in writing of this change.	ty. nd complete estimate registered ed office address, l
Signature of Repistered Agent 11/257/2	
If signing on behalf of an entity:	
Jonathan J. Ellis	
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, PARABLE TO FLORIDA DEPARTMENT OF STATE OF CR2E045 (03/12)