

N 05000005269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL - 6 2018

COVER LETTER

7/1/18

TO: Amendment Section
Division of Corporations

SUBJECT: Southeast Stormwater Association Inc
Name of Corporation

DOCUMENT NUMBER: N05000005269

The enclosed Statement of Change of Registered Office/Agent and fec are submitted for filing.
Please return all correspondence concerning this matter to the following:

Danielle Hopkins
Name of Contact Person
Assn. Mgmt. Professionals LLC
Firm/Company
719 E. Park Ave.
Address
Tallahassee, FL 32301
City/State and Zip Code
danielleh@ampuptytoday.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Hopkins at (850) 561-0904
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
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: SOUTHEAST STORMWATER ASSOCIATION, INCORPORATED
2. The principal office address: 719 E. Park Ave.; Tallahassee, FL 32301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/19/2005 Document number: N05000005269

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)

Kurt Spitzer (Resigned/Retired)

719 East Park Ave

Tallahassee FL 32301 US

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

Danielle Hopkins

719 East Park Ave.

P.O. Box NOT acceptable

Tallahassee FL 32301 US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

x Kurt Spitzer
Signature of an officer or director

Kurt Spitzer, Executive Dir.

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.

x Danielle Hopkins
Signature of Registered Agent

July 1, 2018

Date

If signing on behalf of an entity:

Danielle Hopkins

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)