

NO 500000 9097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

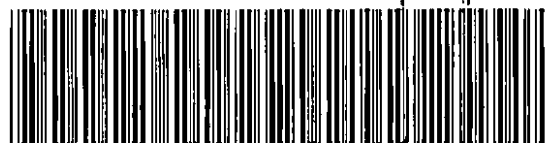
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NOV 08 2017

SECRETARY OF STATE  
STATE HOUSE  
COLUMBIA, SC 29201

17 NOV -8 AM 5:35

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R/A-est



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2017

PROCURA SERVICES, INC.  
3959 VAN DYKE RD  
#191  
LUTZ, FL 33558

SUBJECT: MAGNOLIA GREEN HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N05000009097

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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 217A00021688

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAMOUNT, FLORIDA

17 NOV - 8 PM 2:05

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Magnolia Green Homeowners' Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N05000009097

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:

\_\_\_\_\_  
Name of Contact Person

Pro Cura Services, Inc.

\_\_\_\_\_  
Firm/Company

3959 Van Dyke Rd #191

\_\_\_\_\_  
Address

Lutz, FL 33558

\_\_\_\_\_  
City/State and Zip Code

debra.cappelli@procuraservices.com ✓

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

For further information concerning this matter, please call:

Debra Cappell

\_\_\_\_\_  
Name of Contact Person

at ( 813 ) 337-6206

\_\_\_\_\_  
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: Magnolia Green Homeowners' Association, Inc.

2. The principal office address: 3959 Van Dyke Rd #191  
Lutz, FL 33558

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/2/2005 Document number: NC5000029097

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)

Meritus Associations  
2005 Pan Am Circle, Suite 120  
Tampa, FL 33607

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

Pro Cura Services, Inc  
~~3959~~ 3959 Van Dyke Rd #191  
P.O. Box NOT acceptable  
Lutz, FL 33558

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.

Nancy J. Crist  
Signature of an officer or director

Nancy Crist, 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.

Michael Marchant  
Signature of Registered Agent

10/17/2017  
Date

If signing on behalf of an entity:

Michael Marchant  
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

FILED

17 NOV - 8 AM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA