

N05000010587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

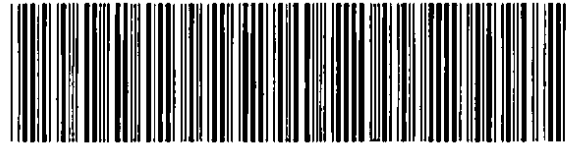
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

NOV - 9 2023

Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BECKETT WAY TOWNHOME ASSOCIATION, INCORPORATED
Name of Corporation

DOCUMENT NUMBER: N05000010587

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:

GARY PLATTEIS

Name of Contact Person

BECKETT WAY TOWNHOME ASSOCIATION INCORPORATED

Firm Company

1434 HILLVIEW LN
Address

TARPON SPRINGS, FL 34689

City/State and Zip Code

HOA4BECKETTWAY@GMAIL.COM

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

For further information concerning this matter, please call:

GARY PLATTEIS

Name of Contact Person

at (727) 916-7091
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BECKETT WAY TOWNHOME ASSOCIATION INCORPORATED
2. The principal office address: 1105 W SWANN AVENUE TAMPA FL 33606
3. The mailing address (if different): 1434 HILLVIEW LANE TARPON SPRINGS FL 34689
4. Date of incorporation/qualification: _____ Document number: _____
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)

CADENCE COMMUNITY MANAGEMENT NU

1105 W SWANN AVENUE

TAMPA, FL 33606

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

AARON SILBERMAN, ESQUIRE

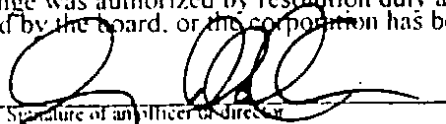
1105 W SWANN AVENUE

P.O. Box NOT acceptable

TAMPA, FL 33606

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

GARY PLATTEIS

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

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