N05000011136

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(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
(Do	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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FILING CANCELLED RETURNED CHECK

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COVER LETTER

Division of Corporations		
SUBJECT: DAKOTA TOWNHOMES Home oungs's Association, INC. Name of Corporation		
DOCUMENT NUMBER: NOS 0000 11136		
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:		
Mike Mc Manamey Name of Contact Person		
w l a		
✓ A Firm/Company		
212 S DAKOTA AVE, UNIT D, Address		
TAMPA, Plorida 33606 City/State and Zip Code		
Mike M Q HUNT RESCO. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mike Mc Manay at (813) 493 - 5924 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

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation o	
	registered agent, or both, in the State of Florida.
1. The name of the corporation: DAKOTA To	own Homes Home owner's Association, IN
2. The principal office address: 212 S	DAKOTA Ave, Unit D
TAMPA, Fr 33606	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10 31	2005 Document number: N05 000011136
5. The name and street address of the current registe Florida Department of State: (If resigned, enter re	esigned)
LESIGNED	FILING CANCELLED
	RETURNED CHECK
	AUG I
6. The name and street address of the new registered	ed agent (if changed) and /or registered office
(if changed):	ad agent (if changed) and for registered office
MIKE MC WANAME	ツ <u></u>
212 S DAKOTA A	five Unit D ox NoTacceptable 33606
P.O. Box	3x NOT acceptable
TAMPA, Horda 3	33606
	street address of the business office of its registered agent,
Such change was authorized by resolution duly add authorized by the board, or the corporation has bee	en notified in writing of the change.
Signature of an officer or director	Mile MC MANAWAY Printed or typed name and title
I hereby accept the appointment as registered age I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. On if this document is being filed merely to hereby confirm that the corporation has been notij	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.
du X	8/6/2015
Signature of Repistered Agent	Date
If signing on behalf of an entity: M((4 MC MANA)	

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name