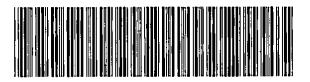
NUTCUU 12626

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ertified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	
SUB. Name	IECT: Summergate Professional Center Owner of Corporation	r's Association Inc.
DOC	UMENT NUMBER: N05000012626	
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
Erika	Flores Mendieta	
	e of Contact Person	
The N	Joody Group Community Management LLC	
Firm/	Company	
2252	Twelve Oaks Way, Suite 102	
Addre	ess	
Wesle	ey Chapel, FL 33544	
City/S	State and Zip Code	
	erika@leonmoody.com	
E-ma	il address: (to be used for future annual	report notification)
For fu	urther information concerning this matter, p	please call:
Erika	Flores Mendieta , LCAM	at (813) 994-0123
	Name of Contact Person	at (813) 994-0123 Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	1.O. DOX 0327	The Centre of Tattailassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	: — _ _
1. The name of	f the corporation: Summergate Professional Center Owner's Association Inc.	
	al office address: 2019 Osprey Lane	
	Lutz, FL 33549	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 12/16/2005 Document number: N05000012626	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Condominum Associates	
	2019 Osprey Lane Lutz, FL 33549 2019 Osprey Lane	e nativity
	Lutz, FL 33549	1 1
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
	2252 Twelve Oaks Way, Suite 102	
	P.O. Box NOT acceptable	
	Wesley Chapel, FI 33544	
The street address changed will	ress of its registered office and the street address of the business office of its registered Il be identical.	l agent.
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
•	ture of an officer of director Printed or typed name and title	
I further agree of of my duties, an document is bei	of the appointment as relastered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete perfound I am familiar with and accept the obligation of my position as registered agent. Of eing filed merely to reflect a change in the registered office address, I hereby confirm to be the profiled in writing of this change.	rmance r if this hat the
1/1	09/08/2020	
,	ignature of Registered Agent Date	
If signing on be	behalf of an entity:	
Otis L. Moody		
T	Typed or Printed Name	

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