

N06 000004277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

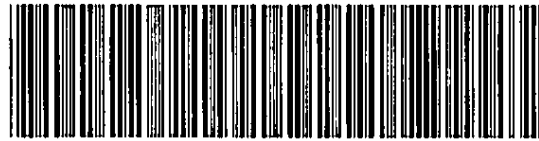
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600376160046

10/23/21 -- 01020 -- 008 **10.00

11/09/21 -- 01020 -- 008 **25.00

FILED
2021 DEC 22 PM 4:38
SECRETARY OF STATE
TAMM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 22 AM 11:20

December 6, 2021

BETH A BAXTER
4650 HIGHWAY 520
COCOA, FL 32926

SUBJECT: BAYSIDE LAKES OFFICE PARK ASSOCIATION, INC.
Ref. Number: N06000004279

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 021A00029209

93K
OP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAYSIDE LAKES OFFICE PARK ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N06000004279

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:

BETH A BAXTER

Name of Contact Person

ERDMAN AUTOMOTIVE

Firm/Company

4650 HIGHWAY 520

Address

COCOA, FL 32926

City/State and Zip Code

BBAXTER@MIKEERDMANMOTORS.COM

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

For further information concerning this matter, please call:

BETH BAXTER

Name of Contact Person

at (321) 453-1313

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: BAYSIDE LAKES OFFICE PARK ASSOCIATION, INC.
2. The principal office address: 4650 HIGHWAY 520, COCOA, FL 32926

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/18/2006 Document number: N06000004279

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)

HOWARD M SWERBILOW

600 FLORIDA AVE, SUITE 104

COCOA, FL 32922

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

BETH A BAXTER

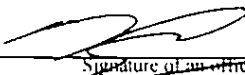
4650 HIGHWAY 520

P.O. Box NOT acceptable

COCOA, FL 32926

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

MICHAEL H ERDMAN, 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.



Signature of Registered Agent

10/26/2021

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
CR2E045 (04/13)