## NO6 00000 7296

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



000386451640

05/08/22--01016--013 \*\*25.00

## **COVER LETTER**

Division of Corporations			
SUBJECT: Pine Tree Estates Property Quiners Association INC. Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fol	llowing:		
	<u> </u>		
Antoninette M. Phelps Name of Person	-		
Firm/Company	-		
571 Armoyan Way Address	-		
Hew Smyrna Brench FL 32168 City/State and Zip Code	-		
E-mail address: (to be used for future annual report notifica	ītion)		
For further information concerning this matter, please call:			
	) 395-1189 Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section Division of Corporations	Registration Section		
P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
<b>№</b> \$25 Filing Fee	Filing Fee & Certified Copy		

## STATÉMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: Pine True Es	states Property Owners Association INC
	He 33 Dove On Zephychills, Fl 33541(b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	
3.	O7/07/2006 Date of filing/registration in Florida 4.	NO60000 17296  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida  4633 Dove DR  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	•
(b)	Zephychills FL 335  Antoninette M. Phelps  Enter name of NEW Registered Agent and/or NEW Registered Office add	
	571 Armoyun Way  NEW Registered Office Address:	iress:
	New Smyrna Beach FL 321	
change agent w was/we	imited liability company is not organized under the laws of the or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability concrete authorized by an affirmative vote of the members of the limited lies of organization or the operating agreement of the limited lies.	d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.
I havol	w accent the approintment as registered again and arrest to get	Printed or typed name of signee  in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept
1/ El	ions of all statutes relative to the proper and complete performations of all statutes relative to the proper and complete performations of my position as registered agent as provided for in Conference of the change in the registered office address. I hereby confirmed in writing of this change of the change o	hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been