NO6 000007958

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(220,000 2,000,000,000,000,000,000,000,00			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400372043084

00/27/21--01009--006 **35.00

2022 AUS 27 PM 3: 49

; +1; (·/:/)?

SEP (19 2021 1 ALBRITTON

COVER LETTER

Amendment Section Division of Corporations

TO:

ERIC N. APPLETON Name of Contact Person	at (813)542-8888 Area Code & Daytime Telephone Number
For further information concerning this matter, please	call:
eappleton@appletonreiss.com E-mail address: (to be used for future annual repo	rt notification)
City/State and Zip Code	
TAMPA, FL 33606	
Address	
215 N. HOWARD AVENUE, STE. 200	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
APPLETON REISS, PLLC	
Name of Contact Person	
ERIC N. APPLETON	
Please return all correspondence concerning this matte	er to the following:
The enclosed Statement of Change of Registered Office	_
DOCUMENT NUMBER: NO6000007958	
Traine of Corporation	
SUBJECT: OVATION OWNER'S ASSOCIATION, INC. Name of Corporation	

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

CR2E045 (04/13)

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

- Яметет ој с	tiange is submitted for a corporation org	1502, ou ⁺ 1508, or 61 ⁺ ,1508, Florida Statutes, this panized under the laws of the State of Florida istered agent, or both, in the State of Florida.	
	of the corporation: OVATION OWNER'S		
		ORTHEAST, ST. PETERSBURG, FL 33701	···
3. The mailing	address (if different), 2870 SCHERER I	DR N., STE. 100, ST. PETERSBURG, FL 33716	
	orporation/qualification: 07/27/2006		
5. The name as		ayen) and registered office on tile with the	
	H. WEB MELTON, ESQ.	,	
	1801 N. HIGHLAND AVENUE		2
	TAMPA, FL 33602		3
6. The name ar (if changed):	nd street address of the new registered ag	ent (if changed) and /or registered office	7 - 17
	APPLETON REISS, PLLC		P
	215 N. HOWARD AVENUE, STE. 200	· ·	6.1.4
	TAMPA, FL 33606	Box NOT acceptable	w.
The street addr	ess of its registered office and the stree I be identical.	et address of the business office of its registered ager	าเ.
- Signati	eet by lev	Printed typed name and true	retur
of my chates, and comporation has	to comply with the provisions of all stated am familiar with and accept the obing filed merely to reflect a change in the continuity of this change in writing of this change to the provision of the change of the	nd agree to act in this capacity, unter relative to the proper and complete performantigation of my position as registered agent. Or, if it he registered office address. Thereby confirm that if	ve jis ic
It signing on be	shalf of an entity:	i Ant;	
ERIC N. APPLE	•		
.11	Speal 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

CR2L045 (64-13)