

NO60000008513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

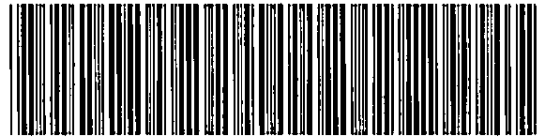
(Business Entity Name)

(Document Number)

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2018 MAY 21 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 24 2018  
I ALBRITTON

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BROOKWOOD OFFICE PARK OWNERS ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N06000008513

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:

Richard Pitrowski

Name of Contact Person

Merit, Inc.

Firm/Company

3433 Lithia Pinecrest Road, Suite 301

Address

Valrico, FL 33596

City/State and Zip Code

accounting@thefloridasolutionsgroup.com

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

For further information concerning this matter, please call:

Krista Richey

Name of Contact Person

813 381-5435

at ( ) 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

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: BROOKWOOD OFFICE PARK OWNERS ASSOCIATION, INC.
2. The principal office address: 3433 Lithia Pinecrest Rd, Ste 301  
Valrico, FL 33596
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/11/2006 Document number: N06000008513
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)

Richard S. Pitrowski

115 Lithia Pinecrest Road, Ste C

Brandon, FL 33511

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

Merit, Inc.

1460 Oakfield Drive

P.O. Box NOT acceptable

Brandon, FL 33511

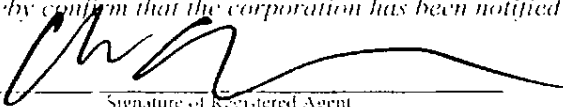
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Richard Pitrowski - 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

5-15-18  
\_\_\_\_\_  
Date

If signing on behalf of an entity: Merit, Inc.

Richard Pitrowski  
\_\_\_\_\_  
Typed or Printed Name

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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA