## N06000 608 963

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status	_		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
Channing Park Property Owners Association, Inc.
SUBJECT:Name of Corporation
DOCUMENT NUMBER: N0600008963
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:
Phil Finan
Name of Contact Person
Trevannah Management Co.
Firm/Company
PO Box 1875
Address
Valrico, FL 33595
City/State and Zip Code
channingpark@trevannahmanagement.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
· · · · · · · · · · · · · · · · · · ·
Phil Finan  Name of Contact Person  at (813 ) 5480987  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Florida registered agent, or both, in the State of Florida.			
The name of the corporation: Channing Park Property Owners Association, Inc.     The principal office address: 17473 New Cross Circle, Lithia, FL 33547					
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 08/23/2	006 Document number: N06000008963			
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	Rizzetta				
	9428 Camden Field Pa	rkway 23			
	Riverview, FL 33578				
6. The name and street address of the new registe (if changed):		ed agent (if changed) and /or registered office			
	Trevannah Manageme	nt Company 🚊 🤌			
	17473 New Cross Circl	l			
	Lithia, FL 33547	Sox NOT acceptable			
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agen	it.		
Such change wa	is authorized by resolution duly a	dopted by its board of directors or by an officer so een notified in writing of the change.			
Tell of	Milion	Robert Metivier			
I hereby accept I further agree to performance of	o comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title  rent and agree to act in this capacity.  all statutes relative to the proper and complete  a and accept the obligation of my position as registered  to reflect a change in the regisiered office address, I  tified in writing of this change.			
E Z	tinan	Novemeber 19, 2019			
<i>I</i> डिहा	nature of Registered Agent	Date			
	half of an entity:				
Philip Finar	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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