

N06 000011791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

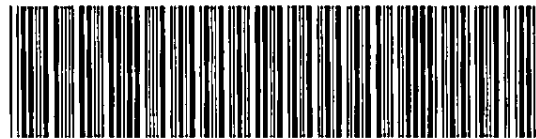
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 13 P 12:15
FBI - TAMPA
TAMPA, FL 33602

MAY 28 2019
T. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OAKSTEAD WEST COMMERCE OWNERS'S ASSOCIATION INC.
Name of Corporation

DOCUMENT NUMBER: N06000011791

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:

John Doyle

Name of Contact Person

Doyle & MCGrath Real Estate LLC

Firm/Company

19005 North Dale Mabry

Address

Lutz, FL 33548

City/State and Zip Code

john.doyle@doylemcgrath.com

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

For further information concerning this matter, please call:

John Doyle

Name of Contact Person

813 948-7368

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OASKSTEAD WEST COMMERCE OWNERS'S ASSOCIATION INC.

2. The principal office address: 19005 North Dale Mabry Lutz, FL 33548

3. The mailing address (if different): 19005 North Dale Mabry Lutz, FL 33548

4. Date of incorporation/qualification: 11/13/2006 Document number: 06000011791

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)

Nobles, Darlene

19005 North Dale Mabry

Lutz, FL 33548

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

Aaron Hill

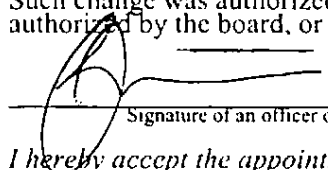
19005 North Dale Mabry

P.O. Box NOT acceptable

Lutz, FL 33548

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



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

Date

If signing on behalf of an entity:

Typed or Printed Name

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