## NU (10000012350

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

Office Use Only



600303155546

09/01/17--01027--018 \*\*35.00



SEP OF 2017 SWICHAIR

## **COVER LETTER**

Amendment Section TO: **Division of Corporations** DOCUMENT NUMBER: 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: 'n me Management Cc. 346 East Central Ave.

Address

Winter Haven, Fl 33880

City/State and Zip Code E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:

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

CR2E045 (03/12)

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

| · ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  | s 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this  |
|--|--|
|  | a corporation organized under the laws of the State of <u>FIOYIOC</u> .  |
| in order to change its regish  | ered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation:  | thispering Ridge Homeowners Association, In  |
| 2. The principal office address:   | AG East Central Avenue   |
| <u></u> W)   | itter Haven, A 33050   |
| 3. The mailing address (if different);   | 346 East Central Avenue  |
|  | Jinter Haven, F1 35580   |
| 4. Date of incorporation/qualification   | : 12/1/2006 Document number: N0600012350   |
| 5. The name and street address of the Florida Department of State: (If re                                  | current registered agent and registered office on file with the signed, enter resigned)  |
| Se   | ntry Management Inc  |
| 2180   | West SR 434 Suite 5000   |
| Longwood   | pd, Fl 32779   |
|  | new registered agent (if changed) and /or registered office  |
| (if changed): Prime  | Community Management 3 3.  |
| 346 E  | ast Central Avenue -   |
| <u>Wint</u>  | er Haven, H 33880  |
| The street address of its registered of as changed will be identical.                                      | ffice and the street address of the business office of its registered agent,   |
| Such change was authorized by rescauthorized by the board, or the corp                                     | dution duly adopted by its board of directors or by an officer so bration has been notified in writing of the change.  |
| Signature of an officer or director  | ter been webster, sectived   |
| I further agree to comply with the performance of my duties, and I am agent. Or, if this document is being | registered agent and agree to act in this capacity. revisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address. I has been notified in writing of this change. |
| Signature of Registered Agent  | 8 29 2017  |
|  | I Sale   |
| If signing on behalf of an entity:   | dlant  |
| Typed or Printed Name  | <u>EIW) U</u> N  |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)