

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





700312970657

05/04/18--01024--016 \*\*35.00

18 HAY -4 PH 12: 45

R. WHITE
MAY 0 8 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations Treasure Coast Business Park Property Owners' Association, Inc. SUBJECT: Name of Corporation N06000012855 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: Edwin C. Lunsford, Jr. Name of Contact Person Firm/Company 417 North Causeway Address New Smyrna Beach, FL 32169 City/State and Zip Code edlunsford@yesland.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edwin C. Lunsford, Jr. Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** 

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

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: Treasure Coast Business Park Property Owners' Association, Inc.
2. The principal office address: 417 North Causeway
New Smyrna Beach, FL 32169
3. The mailing address (if different): Same
4. Date of incorporation/qualification: December 18, 2006 Document number: N06000012855
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)
James H. McCarty, Jr.
2630-A NW 41st Street
Gainesville FL 32606-6666
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Frank H. Fee, III
426 Avenue A
P.O. Box NOT acceptable  Ft. Pierce, FL 34950
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.  Edwin C. Lunsford, Jr./President
Edwin C. Lunsford, Jr./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  April 24 20(8
If signing on behalf of an entity:  FRANK H. FIELE, III

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