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| Certified Copies            | Certificates    | of Status |
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| Special Instructions to Fil | ing Officer:    |           |
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Office Use Only

#### COVER LETTER

TO: Amendment Section Division of Corporations

# SUBJECT: OCALA PRESERVE ASSOCIATION, INC.

Name of Corporation

### DOCUMENT NUMBER: N06000013003

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:

## CHRISTINE GANT

Name of Contact Person

# AAM Southwest, LLC

### 1600 W BROADWAY RD. STE 200

Address

# TEMPE, AZ 85282

City/State and Zip Code

### cgant@associatedasset.com

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

For further information concerning this matter, please call:

Christine Gant

Name of Contact Person

**.674-4341** 

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

CR2E045 (03/12)

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

| I. The name of the corporation: OCALA PRESERVE ASSOCIATION, IN   | IC.        |          |            |
|--|------------|----------|------------|
| 2. The principal office address: 2180 WEST SR 434 STE 5000   |            | _        |            |
| LONGWOOD, FL 32779   |            | -        |            |
| 3. The mailing address (if different):   |            | -        | -          |
| 4. Date of incorporation/qualification: 12/21/2006 Document number: N06  | 00001300   | 3        |            |
| <ol> <li>The name and street address of the current registered agent and registered office on file<br/>Florida Department of State: (If resigned, enter resigned)</li> </ol> | : with the |          |            |
| SENTRY MANAGEMENT INC  |            | 91       |            |
| 2180 WEST SR 434 STE 5000  |            | AUG      | , <u> </u> |
| LONGWOOD, FL 32779   |            | 22       |            |
| 6. The name and street address of the new registered agent (if changed) and for registered (if changed):   | 逆と         | PH 2: 13 | ED         |
| 3332-NW-55th-Avenue-Sis East Park 1<br>PO. Box NOT acceptable  | Ive, 2     | nd p     | 2          |
| Ocala, FL 34482- Tallahassee, FZ 323   | 01         |          |            |

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.

Scar Name

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 Reputered Agen

July 9, 2019

Oscar Harper

Printed or typed name and title

Date

----

If signing on behalf of an entity:

Alessandra Gormley

Typed or Frinted Same

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

MART CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tall Allassel, FL 32314 (R2E048 (0742)