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

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COVER LETTER

TO:

Amendment Section

Division of Corporations

SUBJECT: Native Truil Homeownex PISOCIATION, Finc.

Name of Corporation

DOCUMENT NUMBER: NOTOXXXXXIII

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:

CHEMP DATE:

Name of Contact Person

NAME Spot. CCM

Firm/Company

33 N Pace Blad.

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

CHEMP DATE:

Name of Contact Person

at (850 43-555)

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of change is submitted for a corporation org in order to change its registered office or regi		e of FL
1. The name of the corporation: Native Trad		
3. The mailing address (if different):		
4. Date of incorporation/qualification: $01/05/200$	P Document number: N	0700000170
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resig		ile with the
Hunk Holkund Proper	ny Manacythneni	τ
3021 N MIChican +	Ave.	-
Penracola, PL 32500		
6. The name and street address of the new registered ag (if changed):	gent (if changed) and /or registere	ed office
myttomespot.com		جب
205 N Pace Bluch.		 လ
P.O. F	Hox NOT acceptable	
HENYACOUL, FL 3380	5	
The street address of its registered office and the streams changed will be identical.	et address of the business office	of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been		
Michiel Con (Dec 9, 2020) 6 26 CST	Michael Logan	President, HOA
Signature of an officer or director	Printed or typed name	
I hereby accept the appointment as registered agent if in their agree to comply with the provisions of all stop of my duties, and I am familial with and accept the of document is being filed merely to reflect a change in corporation has been notified in writing of this change	and agree to act in this capacity atutes relative to the proper an bligation of my position as regi the registered office address, I ge.	y, d complete performance stered agent. Or, if this hereby confirm that the
	Dec 9, 2020	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Typed or Printed Name		

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