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Office Use Only



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OCT 18 2010

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Timberlands Owners Association, Inc  |
| DOCUMENT NUMBER: NOTO OCO D1971   |
| 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:                     |
| Margaren Lardizabal Name of Contact Person  Truberlands asness Association, Tra               |
| 3333 Sunget Key Circle # 401  |
| Honte Charle FL 33955 City/State and Zip Code   |
| E-mail address: (to be used by future annual report notification)                             |
| For further information concerning this matter, please call:                                  |
| Name of Contact Person at (386) 3654307  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

TO:

Amendment Section

## 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: Timberlands Owners Association, 7  2. The principal office address: 3333 Surget Key Citcle #401  Ports Goods FL 33955  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 2/26/2007Document number: 100000197  |
| 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)   |
| Robert Lardizabal  |
| 103 NW Blackberg Cr. Loke City, FL 32055   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Willian J Halay 390  |
| 10 NO Columbia Street P.O. Box NOT acceptable  |
| Lake City, FL 32055  |
| 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  Princetor 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. |
| 19/4/2013  |
| Signature of Registered Agent  If signing on behalf of an entity:  |
| Typed or Printed Name  |
| - * L  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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