## NO700003420

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SECRETARY OF STAFE

C. LEVVIS

JUN 3 0 2014

EXAMINER

TO: Amendment Section **Division of Corporations** 

Pasco Alliance of Community Associations, Inc.

Name of Corporation

N07000003420

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:

Gerald D. Lynn

Name of Contact Person

Pasco Alliance of Community Associations, Inc.

Firm/Company

P.O. Box 7436

Address

Wesley Chapel, FL 33545

City/State and Zip Code

jlynn@mypaca.org

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

For further information concerning this matter, please call:

Gerald D. Lynn

Name of Contact Person

813 928-5129
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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati inge is submitted for a corporation organized under the laws of the State of Flori	da
	er to change its registered office or registered agent, or both, in the State of Flori	
1. The name of	the corporation: Pasco Alliance of Community Associations, Inc.	). 
2. The principal	office address: 5401 Land O' Lakes Boulevard Land O' Lakes	, FL 34639
3. The mailing a	address (if different): P.O. Box 7436 Wesley Chapel, FL 33545	
4. Date of incor	poration/qualification: 04/02/2007 Document number: N070000	)03420
	d street address of the current registered agent and registered office on file with triment of State: (If resigned, enter resigned)	he
	Michael J. Brudney	
	200 North Pine Avenue Suite A	<u> </u>
	Oldsmar, FL 34667-4613	# J. # Sign
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECON TARY OF TARY OF TARY
	Steven H. Mezer	OF STA
	1801 North Highland Avenue	RATIONS 3: 36
	P.O. Box NOT acceptable	
	Tampa, FL 33602	
The street address changed will	ess of its registered office and the street address of the business office of its repetition be identical.	gistered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so
Signatu	Gerald D. Lynn, Vice President	Treasurer
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complet my duites, and I am familiar with and accept the obligation of my position as is document is being filed merely to reflect a change in the registered office act that the corporation has been notified in writing of this change.    Agental	e registered ldress, I
	half of an entity:  yped or Printed Name	
•	per of times hame	

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