## N07000004665

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

Office Use Only



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2011/21 - 12:31

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: TOWER GROVE ESTATES HOMEOWNER Name of Corporation	CS ASSOCIATION, INC.
DOCUMENT NUMBER: N07000004665	
The enclosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Michael Engle	
Name of Contact Person	<del></del>
Firm/Company	
603 Kilgore Road	
Address	
Plant City, FL 33567	
City/State and Zip Code	
mengle@irbyconstruction.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:
Michael Engle	at (601 )397-5396
Name of Contact Person	at (601 )397-5396 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chan	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
	ne corporation: Tower Grove Estates Homeowners Association. Inc.	
	office address: 603 Kilgore Road, Plant City, FL 33567	
3. The mailing ad	ddress (if different): Same as above	_
4. Date of incorpo	oration/qualification: 5/9/2007 Document number: N07000004665	
5. The name and s	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
1	Lloyd R. O'Steen	
.1	4212 Hawkins Road	
1	Plant City, F1, 33567	
(if changed):	street address of the new registered agent (if changed) and /or registered office	
,	Michael Engle	
6	603 Kilgore Road  P.O. Box. NOT acceptable	
ŀ	PO Box NOT acceptable  Plant City, FL 33567	
The street address as changed will b	ss of its registered office and the street address of the business office of its registered age be identical.	ent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
diava Signature	Diana L. Marsh. Director/Vice President Printed or typed name and title	<u>.</u>
I hereby accept the I further agree to of my duties, and document is being corporation has be	the appointment as registered agent and agree to act in this vapacity.  It comply with the provisions of all statutes relative to the proper and complete performa  It am familiar with and accept the obligation of my position as registered agent. Or, if to  It glifed merely to reflect a change in the registered office address. I hereby confirm that to  been notified in writing of this change.	nce this the
	Macy 16, 2021	
·	ature of Regracted Agent Date	_
If signing on beha	ialf of an entity:	
Тур	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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