

N0900000 1134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

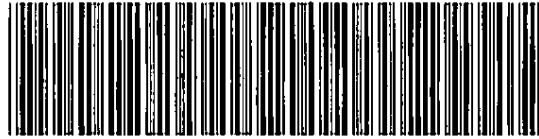
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT
AUG 29 2019

SECRETARY OF STATE
TALLER, RICHARD L.

2019 AUG 29 PM 1:43

FILED

RIA CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

JEAN MARTIN
ERA GIZZARD REAL ESTATE INC
1300 CITIZENS BLVD SUITE 150
LEESBURG, FL 34748

SUBJECT: SUMMIT MEDICAL PARK PROPERTY OWNERS' ASSOCIATION,
INC.
Ref. Number: N09000001134

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE SEE THE PRINTOUT FOR THE NEW REGISTERED AGENTS NAME
ON FILE WITH THIS OFFICE FOR ITEM #6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00015796

2019 AUG 29 AM 11:02

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summit Medical Park Property Owners Association Inc.
Name of Corporation

DOCUMENT NUMBER: N09000001134

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:

Jean Martin

Name of Contact Person

ERA Grizzard Real Estate Inc

Firm/Company

1300 Citizens Blvd Suite 150

Address

Leesburg, FL 34748

City/State and Zip Code

jmartin@eragrizzard.com

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

For further information concerning this matter, please call:

Jean Martin

Name of Contact Person

at (352) 319-9670

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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Summit Medical Park Properties Owners' Association, Inc.
2. The principal office address: 1300 Citizens Blvd, Suite 150
Leesburg, FL 34748

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/4/2009 Document number: N09000001134

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)

Sentry Management Inc

2180 West SR 434 STE 50000

Longwood, FL 32779

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Real Estate
ERA Grizzard RE-Property Management ✓

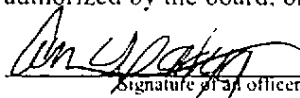
1300 Citizens Blvd, Suite 150

P.O. Box NOT acceptable

Leesburg, FL 34748

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.

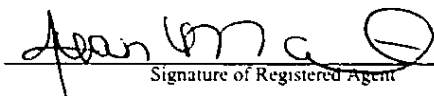


Signature of an officer or director

Anu Upadya President, Director

Printed or 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.



Signature of Registered Agent

7/22/2019

Date

If signing on behalf of an entity:

Jean Martin/ERA Grizzard RE

Typed or Printed Name

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

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

CR2E045 (03/12)

FILED
2019 AUG 29 PM 1:43
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FLORIDA