

Division of Corporations

Page 1 of 2

N11147

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ASMA & ASMA, P.A.
Account Number : I20060000067
Phone : (407) 656-5750
Fax Number : (407) 656-0486

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nelsonroses@gmail.com

REGISTERED AGENT CHANGE

APOPKA NURSERY PROPERTY OWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RA/RD/CHS

FEB 10 2016

I ALBRITTON

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: Apopka Nursery Property Owners Association, Inc.
2. The principal office address: 550 E. Keene Road Apopka Florida 32703
3. The mailing address (if different): 21840 S.W. 248th Street Homestead FL 33031

4. Date of incorporation/qualification: 09/18/1985 Document number: N11147

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)

NRAI SERVICES, INC.

1200 South Pine Island Road

Plantation, Florida 33324

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

Asma & Asma P.A.

884 S Dillard Street

P.O. Box NOT acceptable

Winter Garden Florida 34787

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

Mark Nelson, President

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

02-9-2016
Date

If signing on behalf of an entity:

C. Nick Asma, Esquire

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
(((H16000034037 3))) MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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