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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
 SUBJECT: Holly Parke Homeowners Association, Inc.
DOCUMENT NUMBER: N13000002180
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:
DANIEL WASSERSTEIN
Name of Contact Person
WASSERSTEIN, P.A.
Firm/Company
6501 CONGRESS AVENUE, SUITE 100 Address
Addiess
BOCA RATON, FL 33487 City/State and Zip Code
danw@wassersteinpa.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIEL WASSERSTEIN at (561) 288-3999 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person 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 Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 2001 Executive Center Circle Tallahassee, FL 32301

Paid By Check Number: 1018 - Paid Amount: \$35.00

CR2E045 (8/05)

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, Ptorida Statu inge is submitted for a corporation organized under the laws of the State of FLO r to change its registered office or registered agent, or both, in the State of Florid	RIDA		
1. The name of t	the corporation: Holly Parke Homeowners Association, Inc.			
2. The principal	office address; 7800 BELFORT PARKWAY, SUITE 195, JACKSON	VILL	, FL 32	250
3. The mailing a	address (if different): N/A			
4. Date of incorp	poration/qualification: 03/06/2013 Document number: N130	0000	2180	
	i street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	•		
	PETROCK, LINDA			!
	7800 BELFORT PARKWAY, SUITE 195		出	\$
	JACKSONVILLE, FL 32256		CODE	4PPROVA
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	OSHR	G/L G/L	AP.
	WASSERSTEIN, P.A.	*		1,2
	6501 CONGRESS AVENUE, SUITE 100	RIY	3	12
	P.O. Box NOT acceptable BOCA RATON, FL 33487	PROPERTY	AMT \$	DATE
The street address changed will	ess of its registered office and the street address of the business office of its reg be identical.	lstered	i agent,	
Such change wa	as authorized by resolution duly adopted by its board of directors or by an office the board of the corporation has been notified in writing of the change.	er so		
ر	I Londaleper- So	eres	Evy.	
I hereby accept I further agree of my duties, an	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 completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby continued in writing of this change.	nyirm	inai ine	,
Hoo	Insture of Registered Agent Date	<u> </u>	<u> </u>	म ज
Dann	Shalf of an entity: USENTED Speed or Printed Name		84:4	

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 * * *