

N13000005853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100272354221

09/28/15--01034--019 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 28 AM 8:27

OCT 1 2015

C LEWIS

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: RESERVE AT SOUTH FORK HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 5680 W CYPRSS ST Suite A  
Tampa FL 33607
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/24/13 Document number: N13000005853
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)

Hanson, Jack

Melrose Management Partnership

3527 Palm Harbor Blvd

Palm Harbor FL 34683

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

Brian K Lamb

Meritus

5680 W CYPRSS ST Suite A  
TAMPA FL 33607

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]  
Signature of an officer or director

Wilhelm A. Nunn  
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]  
Signature of Registered Agent

9/17/2015  
Date

If signing on behalf of an entity:

Brian K Lamb

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)

15 SEP 28 AM 8:27

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS