

113000007003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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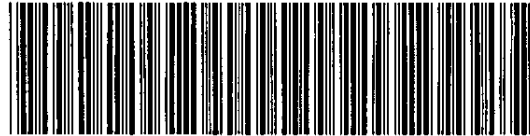
(Business Entity Name)

(Document Number)

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JUN 12 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Estancia at Wiregrass Master Property Owners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N13000007003

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:

Barbara Rushing

Name of Contact Person

Rizzetta & Company, Inc

Firm/Company

5844 Old Pasco Rd

Address

Wesley Chapel, FL 33544

City/State and Zip Code

BRushing@Rizzetta.com

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

For further information concerning this matter, please call:

Barbara Rushing

Name of Contact Person

at **(813) 994-1001**

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.

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MAY 11 2015

1. The name of the corporation: Estancia at Wiregrass Master Property Owners Association, Inc
2. The principal office address: 5844 Old Pasco Road
Wesley Chapel, FL 33544
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/ 6/2013 Document number: _____
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)

Sheppard, Shannon, Esq

500 E Kennedy Blvd

Tampa, FL 33602

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

Sheppard, Shannon, Esq

100 N Tampa St, Ste 2050

P.O. Box NOT acceptable

Tampa, FL 33602

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32314

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.

Debora L. Hudrlik, VP
Signature of an officer or director

Debora Hudrlik, VP/Sec.
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.

Shannon Sheppard
Signature of Registered Agent

05/08/15
Date

If signing on behalf of an entity:

Shannon Sheppard

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)