

N14000002957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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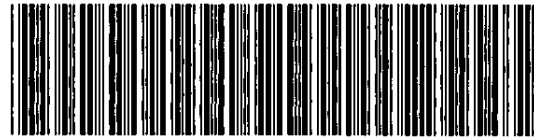
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/4/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SONOMA RESORT AT TAPESTRY HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N14000002957

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:

Patryk Ozim

Name of Contact Person

MARTELL & OZIM, P.A.

Firm/Company

37 North Orange Ave, Suite 500

Address

Orlando, FL 32801

City/State and Zip Code

pozim@martellandozim.com

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

For further information concerning this matter, please call:

Patryk Ozim

Name of Contact Person

at **407 377-3890**

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: SONOMA RESORT AT TAPESTRY HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 385 Douglas Ave., Suite 3350,
Altamonte Springs, FL 34714
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/26/2014 Document number: N14000002957

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)

Larsen & Associates, P.L.
300 S. Orange Ave., Suite 1575
Orlando, FL 32801

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

Martell & Ozim, P.A.
37 N. Orange Ave., Suite 500
P.O. Box NOT acceptable
Orlando, FL 32801

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 or the board or the corporation has been notified in writing of the change.



Signature of an officer or director

Thomas P.C. McCarthy Pres

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

4/28/2017

Date

If signing on behalf of an entity:

PATRYK OZIM

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA