

**114000004245**

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

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

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RECEIVED  
15 AUG -3 AM 11:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
SEMINOLE GROVES HOMEOWNERS ASSOCIATION, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

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AUG 04 2015  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEMINOLE GROVES HOMEOWNERS ASSOCIATION, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** NI4000004245

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:

Jennifer Harroff

\_\_\_\_\_  
Name of Contact Person

CiraConnect

\_\_\_\_\_  
Firm/Company

P.O. Box 803555

\_\_\_\_\_  
Address

Dallas TX, 75380

\_\_\_\_\_  
City/State and Zip Code

RegisteredAgent@cirarnail.com

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

For further information concerning this matter, please call:

Jennifer Harroff

972 380-3522

\_\_\_\_\_  
Name of Contact Person

at ( )  
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

CR2E045 (03/12)

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15 AUG -3 AM 8:28  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**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: SEMINOLE GROVES HOMEOWNERS ASSOCIATION, INC.
- 2. The principal office address: 4015 CRESCENT PARK DRIVE, RIVERVIEW, FL 33578
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/02/2014 Document number: N14000004245

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)

MALCUIT, KEITH  
4015 CRESCENT PARK DRIVE  
RIVERVIEW, FL 33578

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 FLORIDA

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

P.O. Box NOT acceptable

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

Michael Jones, Vice 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.*

By: C T Corporation System  
  
 \_\_\_\_\_  
Signature of Registered Agent

7/31/2015  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary  
 \_\_\_\_\_  
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)