

NI4000 011 482

(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



400331593814

08/02/13--01013--016 **35.00

FILED

19 AUG - 2 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2013

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOODLAKE COMMERCE CENTER PROPERTY OWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N14000011482

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:

CAROL CHANG

Name of Contact Person

NSD PALM BAY MANAGER, LLC

Firm/Company

6996 PIAZZA GRANDE AVE, SUITE 309

Address

ORLANDO, FL 32835

City/State and Zip Code

ACCOUNTING@NSDPARTNERS.COM

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

For further information concerning this matter, please call:

JAMES SHULTERBRONDT at **407 735-9100**

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
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: WOODLAKE COMMERCE CENTER PROPERTY OWNERS' ASSOCIATION, INC.
2. The principal office address: 6996 PIAZZA GRANDE AVE, SUITE 309
ORLANDO, FL 32835
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/15/2014 Document number: N14000011482
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)

REGISTER AGENT RESIGNED

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

CAROL CHANG

6996 PIAZZA AVE, SUITE 309

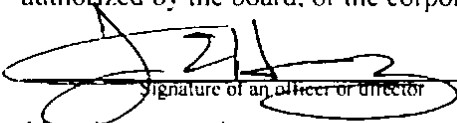
P.O. Box NOT acceptable

ORLANDO, FL 32835

FILED
19 AUG - 2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FRANZ S. HANNING

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

07/29/2019

Date

If signing on behalf of an entity:

CAROL CHANG

Typed or Printed Name

***** FILING FEE: \$35.00 *****