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(((H160002475663)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

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

Fmail Address:			
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## REGISTERED AGENT CHANGE AVERY PARK TOWNHOME OWNERS ASSOCIATION, ING.

Certificate of Status	0
Certified Copy	0
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## COVER LETTER

	rision of Corporations		
SUBJECT:	AVERY PARK TOWNHOME OWNERS ASSOC	IATION, INC	<b>C</b> .
0020201	Name of Corpo	oration	<del></del>
DOCUME!	N14000011586 NT NUMBER:	,	
The enclose	ed Statement of Change of Registered Office/A	gent and fee	are submitted for filing.
	n all correspondence concerning this matter to	-	
	JENNIFER HARROFF		
	Name of Contac	t Person	
	CIRACONNECT		
	Firm/Comp	any	<del></del>
	P.O. BOX 803555		
	Address		· · · · · · · · · · · · · · · · · · ·
	DALLAS, TX 75380-3555		
	City/State and Z	ip Code	, , , , , , , , , , , , , , , , , , ,
	REGISTEREDAGENT@CIRAMAIL.COM		
	E-mail address: (to be used for futur	e annual re	port notification)
For further i	information concerning this matter, please call:	l	
JENNIFER I	HARROFF	972	380-3564
	Name of Contact Person	Arca Cod	e & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the Departmen	nt of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Divis Clifto	Address: idment Section ion of Corporations on Building

Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		ice or registered agent, or both, in the State of Florida.
1. The name of	of the corporation: AVERY PAR	RK TOWNHOME OWNERS ASSOCIATION, INC.
2. The princip	oal office address: 5844 Old Pasc	co Road, Suite 100, Wesley Chapel, FL 33544
3. The mailin	g address (if different):	
4. Date of inc	orporation/qualification: 12/22/	2014 Document number: N14000011586
	and street address of the current partment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)
	Rizzetta & Co., Inc.	
	5844 Old Pasco Road, Suite 10	00
	Wesley Chapel, FL 33544	PET -
6. The name a		gistered agent (if changed) and /or registered office
	C T Corporation System	A 11: 00
	1200 South Pine Island Road	2
		P.O. Box NOT acceptable
	Plantation, Florida 33324	
The street adeas changed w	dress of its registered office and	d the street address of the business office of its registered agen
Such change authorized by	was authorized by resolution d	luly adopted by its board of directors or by an officer so has been notified in writing of the change.
AUM	laux passet	KIM BAGGETT, SECRETARY
	ppt the appointment as registere to comply with the provision of my duties, and I am familiar	Printed or typed name and little  red agent and agree to act in this capacity,  is of all statutes relative to the proper and complete  r with and accept the obligation of my position as registered  erely to reflect a change in the registered office address, I  en notified in writing of this change.
ageni. Or, ij hereby confir	m that the corporation has bee	erely to reflect a change in the registered office daaress, I en notified in writing of this change.
By: C T Corporation System		10/3/2016
	Signature of Registered Agent	Date
lf signing on	behalf of an entity:	•
MIKE IONES	, ASSISTANT SECRETARY	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)