## N14234

(Re	questor's Name)				
(Ad	idress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Ridgewood Oaks Condominium Asso Name of Corporation		
·		
DOCUMENT NUMBER: N14234		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing		
Please return all correspondence concerning th	is matter to the following:	
John Muley		
Name of Contact Person	<del></del>	
Wetherington Hamilton, P.A.		
Firm/Company		
812 W. Dr. MLK Jr. Blvd., Suite 101		
Address		
Tampa, FL 33603		
City/State and Zip Code		
kmbpleadings@whhlaw.com	n	
E-mail address: (to be used for future annu-		
<b>,</b>		
For further information concerning this matter.	please call:	
John Muley	225-1918	
Name of Contact Person	at (813 )225-1918 Area Code & Daytime Telephone	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	nange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida St ganized under the laws of the State of Fl	orida	nis
		gistered agent, or both, in the State of Flo	orida.	
	f the corporation: Ridgewood Oaks Con-			
2. The principa	d office address: 2625 Ridgewood Blvd.	., Clubhouse on Ridgewood Blvd., Ellenton	ı, FL 342:	22
3. The mailing	address (if different): P.O. Box 432, El	llenton, FL 34222		<del></del>
4. Date of inco.	address (if different): P.O. Box 432, Eleptoration/qualification: April 8, 1986	Document number: N14234		
	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file with gned)	the	
	Ridgewood Oaks Condominium Assoc	iation (resigned)		
	I Meadowlark Circle			
	Ellenton, FL 34222			2026
6. The name an (if changed):	d street address of the new registered a	igent (if changed) and /or registered offic	, •• *	020 AP & 20
	Wetherington Hamilton, P.A.			P P
	812 W. Dr. MLK Jr. Blvd., Suite 101			<del></del>
	P.O. Tampa, FL 33603	Box NOT acceptable	<del>-</del>	12
The street addr as changed will	ess of its registered office and the stre I be identical.	eet address of the business office of its r	registere	d agent,
Such change wanthorized by t	as authorized by resolution duly adop he board, or the corporation has been	nted by its board of directors or by an of notified in writing of the change.	ficer so	
Signah	re of an officer or director	Ellen Hirsch de Haan, Esquire, as atto	orney	<del></del>
of my duties, ar document is be corporation ha	the appointment as registered agent to comply with the provisions of all st and I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this change		lete perfo igent. () confirm	ormance or if this that the
Y LIN	Ersch de Haan	4/16/20		
Sig	mature of Registered Agent	Date		
If signing on be	half of an entity:			
Ellen Hirsch de I	<u> </u>			
T	yped or Printed Name			
	* * * FILING 1	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)