N15 0000 12165

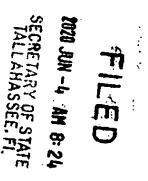
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Amendment Section Division of Corporations

TO:

SURJECT: The Manors at Lake Padgett Homeowne Name of Corporation	
DOCUMENT NUMBER: N15000012165	······································
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing
Please return all correspondence concerning this mat	ter to the following:
Kourtney Jones	
Name of Contact Person	
The Manors at Lake Padgett Homeowners Associati	ion
Firm/Company	
PO Box 241	
Address	
Odessa, FL 33556	
City/State and Zip Code	
manorsatiakepadgetthoa@gma	il.com
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
	at () Area Code & Daytime Telephoni
Name of Contact Person	Area Code & Daytime Telephon

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

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 Florid 2	
in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: The Manors at Lake Padgett Homeowners Association	
2. The principal office address: Lake Manoy Dr., Land O' Lakes	
FL 34639	
3. The mailing address (if different): PO Box 241 Odessa, FL 33556	
4. Date of incorporation/qualification: 12/30/2015 Document number: N15000012165	
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)	
Frankly Coastal Property Mgmt, LLC DBA Association Data Management	
1400 Lake Tarpon Ave	
Tarpon Springs, FL 34689	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
George D. Root, III, Esq., Friscia & Ross, P.A.	
5550 W. Executive Drive, Suite 250	
P.O Box NOT acceptable	
Tampa, Florida 33609	
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.	_
Mountaire of an office for Mer Kourn ey Jones, Secre	tury
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 verformance 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 murely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this thange.	
6/1/24	
Signature of Registered Agent	
If signing on behalf of an entity:	
<u> </u>	
Typed or Printed Name	

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