

115013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

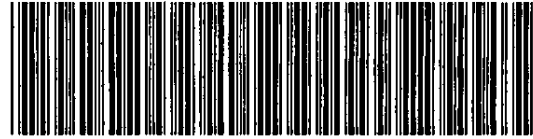
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR 16 P 1:08

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Phase 9 Christina Woods HOA Inc  
Name of Corporation

**DOCUMENT NUMBER:** N 15013

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:

Kim Williams  
Name of Contact Person

Firm/Company

PO Box 5364  
Address

Lakeland FL 33807  
City/State and Zip Code

Kim.williams@NTHMInvestments.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Williams at 863, 640-2205  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Phase 9 Christina Woods HOA Inc

2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): PO Box 5364  
Lakeland FL 33807

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N 15013

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)

Petra Beemer resigned  
6741 Hayter Dr  
Lakeland FL 33813

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

Kim Williams  
505 Peninsular Dr.  
Lakeland, FL 33813

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.

Kim Williams  
Signature of an officer or director

President, Kim Williams  
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.*

Kim Williams  
Signature of Registered Agent

4-12-18  
Date

If signing on behalf of an entity:

Phase 9 Christina Woods HOA, Inc.  
Typed or Printed Name

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