

N16 0000 10175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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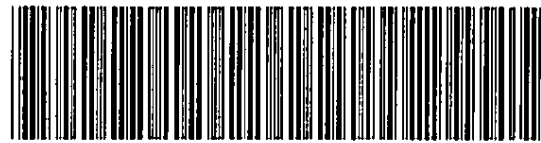
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April 19, 2021

Via US regular mail

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Highlands Grace Property Owners Association, Inc.
Document Number: N16000010175

Dear Sir or Ma'am:

Please find, enclosed for filing, the *Statement of Change of Registered Office of Registered Agent or Both for Corporations* for Highlands Grace Property Owners Association, Inc. Also enclosed is my firm's check, payable to the Department of State, in the amount of \$35.00 for payment of the filing fee. If you have any questions, do not hesitate to contact me.

Very truly yours,
BOSWELL & DUNLAP L.L.P.


Robert C. Chilton

Enclosures (as stated)

cc: Client

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIGHLANDS GRACE PROPERTY OWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N16000010175

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:

ROBERT C. CHILTON, ESQ.
Name of Contact Person

BOSWELL & DUNLAP LLP
Firm/Company

245 SOUTH CENTRAL AVENUE
Address

BARTOW, FL 33830
City/State and Zip Code

ROBERT@BOSDUN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT C. CHILTON, ESQ. at (863) 533-7117
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: HIGHLANDS GRACE PROPERTY OWNERS' ASSOCIATION, INC.

2. The principal office address: 3189 PEARLY DRIVE
LAKELAND, FL 33812

3. The mailing address (if different): P.O. BOX 333, HIGHLAND CITY, FL 33812

4. Date of incorporation/qualification: 10/17/2016 Document number: N16000010175

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)

MARTIN E. SNOW, JR.
200 LAKE MORTON DRIVE, SUITE 200
LAKELAND, FL 33801

2021

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

ROBERT C. CHILTON, ESQ.
245 SOUTH CENTRAL AVENUE
BARTOW, FL 33830
P.O. Box NOT acceptable

2021

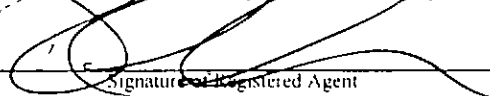
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

X 
Signature of an officer or director

X ROY E BREWER, DP
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

April 19, 2021
Date

If signing on behalf of an entity:

ROBERT C. CHILTON, ESQ.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314