N16000010274

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ESTATES AT PARKSIDE HOMEOWNERS' A	ASSOCIATION, INC.				
Name of Corporation					
DOCUMENT NUMBER: N16000010274					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter t	to the following:				
JAN MCCLANAHAN					
Name of Contact Person					
SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL	L FL INC				
Firm/Company					
13350 W COLONIAL DRIVE STE 330					
Address					
WINTER GARDEN, FL 34787					
City/State and Zip Code					
JAN@SWPMCFL.COM					
E-mail address: (to be used for future annual report i	notification)				
	·				
For further information concerning this matter, please cal	I:				
JAN MCCLANAHAN	at (407) 656-1081				
Name of Contact Person	at (407) 656-1081 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Departme	ent of State.				
· · · · · · · · · · · · · · · · · · ·	reet Address: mendment Section				
· ····································	mendinent section				

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

• • •

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida and the laws of the State of the st	FLORID		-
	r to change its registered office or registered agent, or both, in the State of landscape its registered of the corporation: ESTATES AT PARKSIDE HOMEOWNERS' ASSOCIATION			
1. The name of	office address: C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTR	AI FI IN		
	office address: O SOOTH REST TROUBLET WHITE STEELS OF SECTION OF STEELS OF SECTION OF STEELS OF SECTION OF SECTION OF STEELS OF SECTION OF SEC	712.72		_
3. The mailing a	ddress (if different): P. O. BOX 783367 WINTER GARDEN, FL 34778			
4. Date of incorp	poration/qualification: 10/20/16 Document number: N160000	10274		
	street address of the current registered agent and registered office on file witment of State: (If resigned, enter resigned)	th the		
	C/O SENTRY MANAGEMENT INC	_		
	2180 WEST SR 434 STE 5000	S	202	
	LONGWOOD, FL 32779	CRE	HA	-M
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off	TARY D	R 15 F	
	C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL INC	S. J.	A =	
	13350 W COLONIAL DR STE 330	TIME IN	: 0=	
	P.O. Box NOT acceptable	, , ,		
	WINTER GARDEN FL 34787	•		
The street addre as changed will	ss of its registered office and the street address of the business office of its be identical.	s register	ed age	nt,
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.	officer so)	
Chi B	Chris Blake-Kope of an officer or director / Printed or typed name and till	_/7	rcas	اد حو ک
I hereby accept if the state of	the appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply and accept the obligation of my position as registered in first provided in the registered office address, I hereby the provided in writing of this change.	\ -	formar Or, if the	ice his he
	3/12/21			
Sign If signing on bel	alf of an entity:			_
Ту	ped or Printed Name			

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

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