

NOV/30/2020/MON 11:37 AM

FAX No.

P.002

11/30/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

Account Name : THEODORE J. KLEIN ATTORNEY AT LAW
Account Number : I20120000071
Phone : (954)370-2533
Fax Number : (954)370-2566

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

Ted@Tedlaw.com

REGISTERED AGENT CHANGE
OCALA SOLAR FARM OWNERS ASSOCIATION, INC.

Certificate of Status	0
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NOV 30 PM 1:12

Electronic Filing Menu

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Help

H 2 0000408539 3

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: OCALA SOLAR FARM OWNERS ASSOCIATION INC
2. The principal office address: 13855 NW 27TH AVE, OCALA, FL 32113
3. The mailing address (if different): 8775 FRANKTOWN RDASHTON, ON K0A1B-O CA CA
4. Date of incorporation/qualification: 1/31/2017 Document number: N17000001034
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)

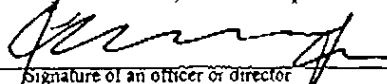
KANNY NG13855 NW 27TH AVEOCALA, FL 32113

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

SOLERA ASSET MANAGEMENT, INC290 NE HIGHWAY 41P.O. Box NOT acceptableWILLISTON, FL 32696

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

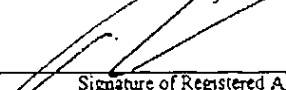
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

INCORPORATOR

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

11/25/2020

Date

If signing on behalf of an entity:

SOLERA ASSET MANAGEMENT, INC.

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