# N17000006641

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only





09/02/21--01012--011 \*\*\*35

2021 SEP -2 PH 12 13

SEP 1 4 2021

#### **COVER LETTER**

- 4

**TO:** Amendment Section Division of Corporations

## SUBJECT: Legacy Ridge Homeowners Association, Inc.

Name of Corporation

### DOCUMENT NUMBER: 17000006641

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:

Jackie Boyd
Name of Contact Person
McNeilmanagement Services, Inc
Firm/Company
1463 Oakfield Dr
Address
Brandon, FL 33511
City/State and Zip Code
jackie@mcneilmsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Boyd	ar ( <sup>813</sup>	571-7100 ext 305
Name of Contact Person	Area Code	e & 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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Legacy Ridge Homeowners Association. Inc.

2. The principal office address: <u>1463 Oakfield Dr Ste 142</u>, Brandon, FL 33511

3. The mailing address (if different): PO Box 6235, Brandon, FL 33508-6004

- 4. Date of incorporation/qualification: <u>6/22/17</u> Document number: <u>N17000006641</u>
- 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)

Didona. Joey	
2005 Pan Am Cir.300	
TAMPA, FL 33607	

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

MANKIN LAW GROUP PA	EP .	
2535 LANDMARK DR - STE. 212	-2 F	i ۲
P.O. Box_NOT acceptable		ť
CLEARWATER, FL 33761-3930	-i (a) <b>15</b>	``
· · · · · · · · · · · · · · · · · · ·	—————————————————————————————————————	

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.

ped hame 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. Thereby confirm that the corporation has been notified in writing of this change.

7/21/21

Signature of Registered Agent

\_\_\_\_\_.

Date

Signature of Registered Agen

If signing on behalf of an entity:

Melissa Mankin

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 (R2E045 (04/13)