

N18000005817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

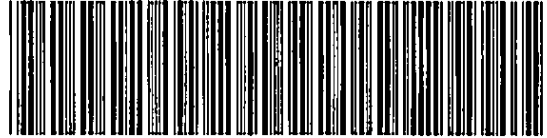
(Document Number)

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TREASURY  
FALLAS, TEXAS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Flagler Center Property Owners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N18000005817

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:

Jeremiah Bowe  
Name of Contact Person

Bowe Business Group  
Firm/Company

2154 Eastridge Center  
Address

Eau Claire, WI 54701  
City/State and Zip Code

office@bowebusinessgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsea Gamble at ( 715 ) 797-2718  
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: Flagler Center Property Owners Association, Inc.
2. The principal office address: 2154 Eastridge Center  
Eau Claire, WI 54701
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/24/2018 Document number: N18000005817
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)

Jeremiah Bowe  
2154 Eastridge Center  
Eau Claire, FL 54701

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

Steve Brick  
889 W Mitchell Hammock Rd.  
P.O. Box NOT acceptable  
Oviedo, FL 32765

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.

Jeremiah Bowe  
Signature of an officer or director

Jeremiah Bowe  
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.

Steve Brick  
Signature of Registered Agent

7/20/22  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (04/13)

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TALLAHASSEE, FL