

N18081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

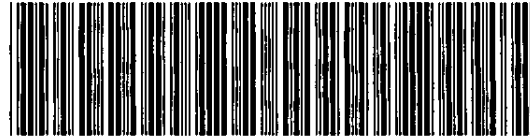
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/1/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COPPERFIELD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N18081

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:

KELLY MORAN

Name of Contact Person

RESOURCE PROPERTY MANAGEMENT

Firm/Company

28100 U.S. HWY 19 NORTH SUITE 205

Address

CLEARWATER FL 33761

City/State and Zip Code

KMORAN@RESOURCEPROPERTYMGMT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY MORAN

Name of Contact Person

at (727) 796-5900

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: COPPERFIELD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

2. The principal office address: 8610 LIBERTY PLACE
TAMPA, FL 33615

3. The mailing address (if different): 7300 PARK STREET
SEMINOLE, FL

4. Date of incorporation/qualification: 12/04/1986 Document number: N18081

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)

ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH, SUITE 301
SAINT. PETERSBURG, FL 33702

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

BUSH ROSS P.A.
1801 NORTH HIGHLAND AVENUE
P.O. Box NOT acceptable
TAMPA, FL 33602-2656

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.

John Fiorella Ph.D.
Signature of an officer or director

JOHN FIORELLA Pres HOA
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]
Signature of Registered Agent

6-13-16
Date

If signing on behalf of an entity:
H. Welch Milton
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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA