Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE LITHIA RIDGE HOMEOWNER'S ASSOCIATION, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a co	mporation organize	807.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	ate of		
1. The name of t	he corporation: LITHI.	A RIDGE HO	MEOWNER'S AS	SOCIATION, II	NC.	_
2. The principal	office address: LITHIA	RIDGE SUB D	V			.
VALRICO	FL 33596 US	 				
	ddress (if different): <u>PC</u> OFL 33595 US	BOX 1237				.
4. Date of incorp	poration/qualification:	02/25/1987	Document number;	N19420	,	_
	d street address of the cur rment of State: (If resign		t and registered office on	file with the		
	JONATHAN J ELL	JS, ESQ			z	
	C/O SHUMAKE, L	OOP & KENDR	ICK, LLP	·	SEC!	=======================================
	101 E. KENNEDY	BLVD, SUITE 2	800 TAMPA FL 336	02 US	HAS	Ē
6. The name and (if changed):	street address of the new	w registered agent (i	f changed) and /or registe	ered office	RY OF	- AH
	BUSH ROSS REG	ISTERED AGE	NT SERVICES, LLC		STA	<u> </u>
	1801 N. HIGHLAN	D AVENUE			DE L	3
	TANESA EL ODIOA	P.O. Box NOT up	ceptable		i	
	TAMPA, FLORIDA	33602			t	
The street address changed will	ess of its registered office be identical.	ce and the street add	fress of the business offi-	ce of its registered as	gent,	
Such change we authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by	y its board of directors of ed in writing of the chan			
Musi	Coran officer or director	<u> </u>	Vice President	C Denise	Smith -	' \
I hereby accept I further agree to of my disties, an decument is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merety to reflec s feen notified in writing	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	gree to act in this capac s relative to the proper a tion of my position as re egistered office address,	ity, ind complete perform gistered agent. Or, v I hereby confirm tha /	iance f this t the	
1///04	960		6/30/	2011		
Sig.	nature of Registrated Agent		/ Daid	<u>-</u>	_	
Mark	half of an entity: A. Basuko V	1P of Proclam	1 Acont			
7 - [A/ /-	yped or Printed Name	1. C. Kanzens	~ 1.2.1.v			

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

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