## N2000 000 1566

(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



600344577586

05/13/20--01009--008 \*\*35.00



2020 HAY 13 AH 8: 09

JUN 03 2020 S. YOUNG

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Oak Ridge Estates Owners Association. In	c
SUBJECT: Oak Ridge Estates Owners Association, In Name of Corporation	<u>.                                    </u>
DOCUMENT NUMBER: N20000001566	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Natalie Schoepf	
Name of Contact Person	
Heritage Management Corp.	
Firm/Company	
P.O. Box 2495	
Address	<del></del>
Ocala, FL 34478	
City/State and Zip Code	
paul@heritagemanagement.net	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
Natalie Schoepf	at (352 )482-0777  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statushange is submitted for a corporation organized under the laws of the State of Florida.	da
	der to change its registered office or registered agent, or both, in the State of Florid	da.
1. The name of	of the corporation: Oak Ridge Estates Owners Association, Inc.	
2. The principal	al office address: 2605 SW 33rd Street, Suite 200, Ocala, FL 34471	
3. The mailing a	g address (if different): P.O. Box 2495, Ocala, FL 34478	
4. Date of incor	orporation/qualification: 9/22/06 Document number: N2000000156	6
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	<b>L</b>
	Linda Petkas	28
	5625 SW Evans Drive	20 HA
	Stuart, FL 34997	2 3 T
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office. ):	2020 HAY 13 AH 8:
	Kenneth B. Kirkpatrik	5
	2605 SW 33rd Street, Suite 200	
	P.O. Box NOT acceptable	
	Ocala, FL 34471	
The street address changed will	dress of its registered office and the street address of the business office of its registle identical.	gistered agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	cer so
Signatu	JAMES SANBORY OUR  Thrinical or typed name and title	DCOR
I haraby assant	pt the appointment as registered agent and agree to act in this capacity, eto comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered agreeing filed merely to reflect a change in the registered office address. I hereby coas been notified in writing of this change.	
,	behalf of an entity:	
Kenneth B. Kirk	·	
-	Typed or Printed Name	

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