N2000006808

(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:				
, <u>.</u> .				
1 <u>/</u>				





600417445376

10/17/23--01010--009 **35.00



. COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ Name	IECT: Central Pare at North Port Homeowners of Corporation	s Association, Inc.				
DOC	UMENT NUMBER: N20000006808					
The e	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	e return all correspondence concerning this	matter to the following	ğ:			
Kim t	3. Fields					
Name	of Contact Person					
Fields	-Realty, LLC					
Firm/	Company					
550 S	E 5th Ave., Apt 304S					
Addr	ess					
Boca	Raton, FL 33432					
City/:	State and Zip Code					
	kim@tields-realty.com					
E-ma	iil address: (to be used for future annua	Treport notification)				
For f	urther information concerning this matter, p	please call:				
Kim I	B. Fields	at (516)633-0218 le & Daytime Telephone Number			
	Name of Contact Person	Area Cod	le & Daytime Telephone Number			
Enclo	osed is a \$35.00 check made payable to the	Department of State.				
	Mailing Address: Amendment Section	Street Address Amendment Se				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	The Centre of				
	Tallahassee, Fl. 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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

statement of c	the provisions of sections 607,0502, 617,0502, 607.1, change is submitted for a corporation organized (ma wder to change its registered office or registered age	ler the laws of the State of Florida	!
1. Tha nama o	of the corporation: Central Pare at North Port Homeov	oners Association, Inc.	
2. The princip	pal office address: 101 South 12th Street, Unit 102, Tai	npa, F1, 33602	
3. The mailing	ng address (if different):		
4. Date of inco	corporation/qualification: 6-23/2020 De-	ocument number: N20000006808	
	and street address of the current registered agent and epartment of State: (If resigned, enter resigned)	registered office on file with the	!
	Cross Street Corporate Services, LLC		
	200 South Orange Ave.		
	Sarasota, FL 34236		
6. The name a (if changed	and street address of the new registered agent (if chad):	nged) and /or registered office	
	Fields-Realty, LLC		
	550 SE 5th Ave., Unit 304S		
	P.O. Box NOT acce	ptable	÷.
	Boca Raton, FL 33432	· · · · · · · · · · · · · · · · · · ·	75:
The street add	ddress of its registered office and the street address vill be identical.	of the business office of its regi	stered agent.
_	was authorized by resolution duly adopted by its by the board, or the corporation has been notified in		
A) Signa	MLE Jung	Printed or speed name and fille	gr
I hereby acce I further agre of my duties, a document is b corporation h	ept the appointment as refistered agent and agree ee to comply with the provisions of all statutes rela and I am familiar with and accept the obligation is being filed merely to reflect a change in the register has been notified in writing of this change	to act in this capacity, tive to the proper and complete of my position as registered age red office address. I hereby con	f performance nt. Or, if this ifirm that the
Jan X	Supering of Receivered Agent	10-13-2013	
If signing on t	behalf of an entity:	LARC	
	- Realty, LLC		
1-16168-	Typed or Protted Name		

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