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(Requestor's Name)
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Florence King Attorney at Law Phone: 407.215.9694 Fax: 407.999.2209 florenceking@beckerlawyers.com

Becker

Becker & Poliakoff 111 N. Orange Avenue Suite 1400 Orlando, FL 32801

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August 9, 2024

VIA US MAIL

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent/Office for Springtree Crossing Homeowners Association, Inc. Document Number: N20832

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced Association, along with a check in the amount of \$35.00 for the filing fee.

Should you have any questions, please feel free to contact me.

Sincerely.

Mary Horna King

Florence King For the Firm

MFK/khc Enclosures

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

1. The name of the corporation: <u>Springtree Crossing Homeowners Association</u>, Inc.

2. The principal office address: Springtree Crossing, Kissimmee, FL 34745-0511

3. The mailing address (if different): P.O. Box 450511, Kissimmee, FL 34745-0511	
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4. Date of incorporation/qualification: 05/26/1987 _____ Document number: N20832

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)

Chappell, Penny J

1616 Sunburst Way

Kissimmee, FL 34744

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

Becker & Poliakoff, P.A.

111 N. Orange Avenue, Su	ite 1400			
	P.O. Box NOT acceptable			
Orlando, FL 32801		<u> </u>	0	٠,

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.

ason ature of an officer or director

SHARON L MASON SEC, Printed or Kped 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 mereby to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

7.29.2024

Date

If signing on behalf of an entity:

M. Florence King

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)