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PER27/24--01016--013 •• 15.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GRANITE DAVENPORT OWNERS' ASSOCIATION, INC. Name of Corporation	
DOCUMENT NUMBER: N22000002456	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	g.
Please return all correspondence concerning this matter to the following:	
ANGIE WORKMAN	
Name of Contact Person	
SVN SAUNDERS RALSTON DANTZLER	
Firm/Company	
1723 BARTOW RD.	
Address	
LAKELAND, FL 33801	
City/State and Zip Code	
ANGIE.WORKMAN@SVN.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ANGIE WORKMAN at (863) 225-9438	
Name of Contact Person Area Code & Daytime Telepho	ne 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitted f	for a corporation (organized un	der the laws of	508, Florida Statul the State of <u>Flor</u> n the State of Florid	ida	
1. The name of t	he cornoration:	GRANITE DA	GRANITE DAVENPORT OWNERS' ASSOCIATION, INC.				
2. The principal	,	45570 US HIGHWAY 27, DAVENPORT, FL 33897					
3. The mailing a	ddress (if differen	t):	ERS RALSTON D	ANTZLER 1723 BA	RTOW RD, LAKELAND), FL 33801	
4. Date of incorp	oration/qualificat	ion:	C	Ocument numb	per: <u>N22000002</u> 456		
5. The name and	street address of timent of State: (If	the current registe resigned, enter re		d registered offi	ice on file with the		
	TIMOTHY CAN	ирвегг 					
	500 SOUTH FLO	ORIDA AVENUE, SUIT	TE 800, LAKELA	ND, FL 33801	<u> </u>		
						1024	
6. The name and (if changed):	street address of	the new registered	d agent (if ch	anged) and /or i	registered office	- - -	
	DAN PILKA						
	330 PAULS D	DRIVE SUITE 100 BRA	ANDON FL 3351	1		7	
		<u></u> р	P.O. Box NOT acc	:eptable	-	-	
					ss office of its regi		
authorized by th	is authorized by rie board, or the co	orporation has be	en notified in	writing of the	tors or by an office change.	n 50	
Akshay Patal		dodoop vertiled 06/17/24 II:22 AM EDT ROMM-DOBA-ITZY-OSYF	A	KSHAY PATEL, P			
I hereby accept I further agree t of my duties, and document is bein	the appointment of comply with the discount of	as registered age e provisions of al vilh and accept th o reflect a change	t statutes rei e obligation in the regist	to act in this cative to the pro of my position ered office add	yped name and title capacity, oper and complete as registered ages dress, I hereby con		
If signing on bel	half of an entity:						
DANIE	L F. F.	CKA_					

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