Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

 $\ddot{\wp}$ **Enter the email address for this business entity to be used for $\ddot{\varpi}$ fure annual report mailings. Enter only one email address please. $\ddot{\wp}$ Email Address:

REGISTERED AGENT CHANGE OSPREY VILLAGE APPRECIATION FUND, INC.

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Su tange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of Flo	FL	. this	
1. The name of t	the corporation: OSPREY VILLAGE APPRECIATION FUND, INC.) .		
	d office address:			
3. The mailing a	address (if different):			
4. Date of incorp	rporation/qualification: 12/01/2023 Document number: N23000	0145	16	
	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	ı the		
	UNITED STATES CORPORATION AGENTS, INC.			
	476 RIVERSIDE AVE.	ហ	20	
	JACKSONVILLE, FL 32203	155 156	24 FE	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and for registered officers.	N. S. V. S.	2024 FEB -9 1	
	Registered Agents Inc	ያር ጥ _{ረን}	A .::	Č
	7901 4th St N STE 300		0	
	P O Box NOT acceptable	• • •		
	St. Petersburg, FL 33702			
The street addre as changed will	ess of its registered office and the street address of the business office of its r I be identical.	registe	red ag	ent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer s	50	
R- L Signature	Richard C Tufaro - Preside	nt	······································	
t further agree to If my duties, and locument is beir	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and compi nd I am familiar with and accept the obligation of my position as registered of ing filed merely to reflect a change in the registered office address. I hereby is been notified in writing of this change.	lete pa rgent, confir	erforma Or if m that	ince this the
Ja	WID DOYES 02/09/2024 gnature of Regularity Agent Date			_
Č	ehalf of an entity:			
	David Roberts Typed or Printed Name			

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