

N23160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

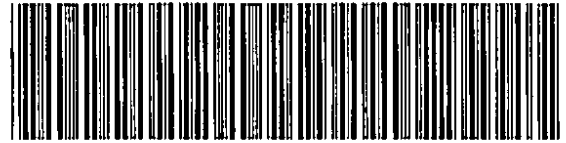
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 SEP -4 PM 5:00

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CLERK OF STATE  
OFFICE

Ra Chang

SEP 06 2018

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sarp Day Woods H.O.A.  
Name of Corporation

DOCUMENT NUMBER: N23160

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Audrea Rogers  
Name of Contact Person

C4S Community Mgmt. Services, Inc.  
Firm/Company

4301 32nd St. W. Ste. A-20  
Address

Bracon, FL 34205  
City/State and Zip Code

Arogers@csmsi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrea Rogers at ( 941 ) 377-3419 x 114  
Name of Contact Person Area Code & Daytime Telephone 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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
19 SEP -11 PM 5:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2018

SARABAY WOODS HOMEOWNERS ASSOCIATION, INC.  
4301 32ND ST. W., SUITE A-20  
BRADENTON, FL 34205

SUBJECT: SARABAY WOODS HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N23160

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 718A00017217

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18 SEP -6 PM 2:07  
SECRETARY OF  
TALLAHASSEE

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sarn Bay Woods H.O.A.
2. The principal office address: 4301 32nd St. W. Ste. A-20  
Braintree, FL 34205
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/2/2009 Document number: N23160
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)

Resigned AS OF 6/30/18

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

Anderson + Givens, P.A.  
1689 Mohan Crk. Blvd. Ste. B  
P.O. Box NOT acceptable  
Tallahassee, FL 32308

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.

[Signature]  
Signature of an officer or director

Andrew Patten President  
Printed or typed 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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

6/29/18  
Date

If signing on behalf of an entity:

Jeremy Anderson  
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 (03/12)

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
18 SEP - 6 PM 5:00