Division of Corporations

# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003351173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

: (614)280-3338

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

# REGISTERED AGENT CHANGE

### TAVARES RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION,

#### IN

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help



OccuSign Envelope ID: F85BE30F-1CD1-4882-8F8D-82E0B6B20592

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

Pursuant to the provisions of sections 607,0502, 617,050 statement of change is submitted for a corporation organ	
in order to change its registered office or regist	ered agent, or both, in the State of Florida.
1. The name of the corporation: TAVARES RIDGE CON	DOMINIUM HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: c/o Bosshardt Property Ma	inagement, LLC, 2437 SE 17th Street, Suite 201
Ocala, FL 34471	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/27/1987	Document number: N23190
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned	agent and registered office on file with the
Bosshardt Property Management LLC	921 S
2437 SE 17th Street, State 201	PILE SELVAASSE ALLVAASSE
Ocala, FL 34471	
<ol> <li>The name and street address of the new registered age (if changed):</li> <li>C T Corporation System</li> </ol>	nt (if changed) and /or registered office RIAL 2:
1200 South Pine Island Road	NOT acceptable
Plantation, Florida 33324	V NOT acceptable
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so office in writing of the change.
laura L Cain	Laura L Cain President
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duries, and I am familiar with and accept the obli- document is being filed merely to reflect a change in the corporation has been notified in writing of this change	Printed of typed liante and title and agree to act in this capacity, tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this we registered office address, I hereby confirm that the
C T Corporation System	9/8/2021
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Lisa D. DuBois, Assistant Secretary	
Typed or Printed Name	
* * * FILING FR	EE: \$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)

By: