

N23796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

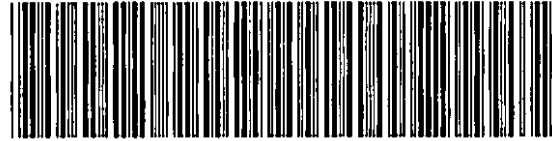
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas of Lake Arbor Unit 6B Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: N 23796

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:

Kelly Moran
Name of Contact Person

Resource Property mgmt
Firm/Company

28100 US Hwy 19N Suite 200
Address

Clearwater, FL 33761
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Moran at (727) 796-5900 ext 2110
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Villas of Lake Arbor Unit 16B Condominium Assn Inc
- 2. The principal office address: 7300 Park Street
Seminole, FL 33777
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/9/87 Document number: 1123796
- 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)

Sentry Management Inc
2180 West SR 434 Suite 5000
Longwood, FL 32779

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

Steven H. Mezer Esq
1511 N. Westshore Blvd Suite 1000
P.O. Box NOT acceptable
Tampa, FL 33607

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 of an officer or director

Tim Adams (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 of Registered Agent

8/27/2021

Date

If signing on behalf of an entity:

STEVEN H. MEZER

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)