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2022-03-24 13:55:05 CST

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From: Lexus Wingo

3/24/22, 3:53 PM

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number : (614)573-3996

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

Email Address: F

REGISTERED AGENT CHANGE 1508 SOUTH HOWARD PROPERTY OWNERS, INC.

Certificate of Status	0
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A. BUTLER MAR 25 2022

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

statement of cha	mge is submitted for a corporation of	.0502, 607.1508, or 617.1508. Florida Stati rganized under the laws of the State of Flori gistered agent, or both, in the State of Flori	da	
	the corporation: 1508 SOUTH HOWA	•		
7. The name of	office address: c/o TSC Association ar	nd Property Management		
	Blvd., 100, Tampa, FL 33629	. , ,	 	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 02/28/1989	Document number: N30898		
	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered office on file with thiggread)		
	TSC Association and Property Manag	ement	22 H ECR	
	of TSC Association and Property Management		2022 MAR 24 SECRETAR TALLAHA	
	3907 Henderson Blvd., 100, Tampa, FL 33629		¥ 2 Y 01 Y 01	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	AM 10: 26 Y OF STATE (SSEE, FL	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, Florida 33324	D. Box NOT acceptable		
The street address changed will	ess of its registered office and the sti be identical.	reet address of the business office of its re	gistered agent,	
Such change wa authorized by the	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by an offi n notified in writing of the change.	cer so	
Ge WOB_		Lisa D. DuBois, Secretary	Lisa D. DuBois, Secretary	
	ire of an officer or director	Printed or typed name and title		
corporation nas	s oven noujied in writing of this cha-	t and agree to act in this capacity. statutes relative to the proper and comple obligation of my position as registered ag n the registered office address, I hereby conge.	te performance ent. Or, if this onfirm that the	
C T Corporation	System Della-	3/24/2022		
Sig	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Tracy Kellner	r, Assistant Secretary			
Т	yped 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)

Ву: