N31882

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Amendment Section

TO:

Division of Corporations SUBJECT: OVERLOOK ESTATES EAST PROPERTY OWNERS ASSOCIATION, INC. Name of Corporation **DOCUMENT NUMBER: N31882** 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: ROBERT C. CHILTON, ESQ. Name of Contact Person **BOSWELL & DUNLAP LLP** Firm/Company 245 SOUTH CENTRAL AVENUE Address BARTOW, FL 33830 City/State and Zip Code ROBERT@BOSDUN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT C. CHILTON, ESQ. at (863) 533-7117 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

CR2E045 (04/13)

$\boldsymbol{\cdot}$ 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: OVERLOOK ESTATES EAST PROPERTY OWNERS ASSOCIATION, IN
2. The principal office address: 735 SANTA MARIA DRIVE, WINTER HAVEN, FL 33884
3. The mailing address (if different): PO BOX 1773, WINTER HAVEN, FL 33882
4. Date of incorporation/qualification: 4/24/1989 Document number: N31882
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)
MATTHEW DAVIS
735 SANTA MARIA DRIVE
WINTER HAVEN, FL 33884
MINTER HAVEN, FL 33884 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ROBERT C. CHILTON, ESQ. 245 SOUTH CENTRAL AVENUE
ROBERT C. CHILTON, ESQ.
245 SOUTH CENTRAL AVENUE
P.O. Box NOT acceptable
BARTOW, FL 33830
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.
X FAITLES MATTHEW DAVIS Signature of an officer or director Printed or typed name and fille
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.
11/10/2021
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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