## N33098

(Reque	stor's Name)					
(Address)						
(Addres	is)					
(City/St	ate/Zip/Phone #)	)				
PICK-UP	WAIT	MAIL				
(Busine	ss Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						





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SECRETARY OF STATE
SECRETARY OF CORPORATIONS
14 DEC 12 AM 9: 20

C.L. 18-14.

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BOYETTE SPRINGS HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation
DOCUMENT NUMBER: N33098
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:
Daniel F. Pilka  Name of Contact Person
Pilka & Associates PA
Firm/Company
213 Providence Road
Address
Brandon, Fl. 33511
City/State and Zip Code
dpilka@pilka.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel F. Pilka  Name of Contact Person  at (813) 653-3800  Area Code & Daytime Telephone Number
Name of Contact Person at ( Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Adduses Street Adduses

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

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

statement of cha	provisions of sections 607.0502, ( unge is submitted for a corporation or to change its registered office o	on organize	ed under the	laws of	the State o	of Florida	this	-
1. The name of	the corporation: Boyette Spri	ngs Hor	neowner	s Ass	ociatior	n, Inc.		
	office address: 12713 Shado							
3. The mailing a	address (if different): PO Box 2	2773	Riverviev	v, Fl.	33568			
4. Date of incor	poration/qualification:		Documer	nt numb	er: N33	098		
5. The name and	d street address of the current regitment of State: (If resigned, enter	istered age						
	Nicole Humphreys							
	9648 US Hwy 301 Sout	th PMB	121			_		
	Riverview, Fl. 33578						140	ISIANC 1735
6. The name and (if changed):	I street address of the new register	ered agent (	if changed) a	and/or	registered	office	14 DEC 12	OF OF CO
	Daniel F. Pilka					_	7	자유 무 무 무
	213 Providence Road					_	9: 2:	ATION
	Brandon, Fl 33511	Box NOT acc	eptable			<del></del>	***	in
The street address changed will	ess of its registered office and the be identical.	e street ado	lress of the b	ousines	s office of	its register	red ager	nt,
_	us authorized by resolution duly a ne board, or the corporation has b							
Tel	Such	L	ee Sand	ers				
I hereby accept I further agree to performance of agent. On V th	re of an officer or director the appointment as registered as to comply with the provisions of my duties, and I am familiar with is doctiment is being filed merely that the corporation has been no	all statutes h and acce to reflect	gree to act in relative to a pt the obliga a change in	n this co the pro ation of the res	per and co my positi istered of	omplete	tered s, I	
Lini	fature of Registered Agent		127	<u>8//</u>				
	half of an entity:			1	Date			
Daniel F. Pi	•							
Ty	ped or Printed Name	_						

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