## N37131

| (Requestor's Name)                      |                         |  |  |
|---|-------------------------|--|--|
| (Address)                               |                         |  |  |
| (,                                      | Address)                |  |  |
| (1                                      | City/State/Zip/Phone #) |  |  |
| PICK-UP                                 | WAIT MAIL               |  |  |
| (Business Entity Name)                  |                         |  |  |
| (Document Number)                       |                         |  |  |
| Certified Copies                        | Certificates of Status  |  |  |
| Special Instructions to Filing Officer: |                         |  |  |
|   |                         |  |  |
|   |                         |  |  |
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## **COVER LETTER**

| TO:                   | Amendment Section Division of Corporations  |     |  |  |  |
|-----------------------|---|-----|--|--|--|
| SUBJ                  | Loma Linda Homeowners Association, Inc.   |     |  |  |  |
|                       | Name of Corporation   |     |  |  |  |
| DOCU                  | UMENT NUMBER: N37131  |     |  |  |  |
| The er                | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.                                  |     |  |  |  |
|                       | return all correspondence concerning this matter to the following:  |     |  |  |  |
|                       | Robert C. Chilton   |     |  |  |  |
|                       | Name of Contact Person  |     |  |  |  |
| Boswell & Dunlap, LLP |   |     |  |  |  |
|                       | Firm/Company  |     |  |  |  |
| 245 S. Central Ave.   |   |     |  |  |  |
|                       | Address   |     |  |  |  |
|                       | Bartow, FL 33830  |     |  |  |  |
|                       | City/State and Zip Code   |     |  |  |  |
|                       | robert@bosdun.com   |     |  |  |  |
|                       | E-mail address: (to be used for future annual report notification)  |     |  |  |  |
| For fu                | rther information concerning this matter, please call:  |     |  |  |  |
| Rol                   | bert C. Chilton  Name of Contact Person  Name of Contact Person  at (863 ) 533-7117  Area Code & Daytime Telephone Number |     |  |  |  |
| -                     | Name of Contact Person Area Code & Daytime Telephone Number   | ber |  |  |  |
| Enclos                | sed is a \$35.00 check made payable to the Department of State.   |     |  |  |  |
|                       | Mailing Address: Amendment Section  Street Address: Amendment Section   |     |  |  |  |
|                       | Division of Corporations Division of Corporations   |     |  |  |  |
|                       | P.O. Box 6327 Clifton Building  |     |  |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

| statement of ch  | ange is submitted for a corporation o  | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.  |
|--|--|--|
| 1. The name of   | the corporation: Loma Linda Ho   | omeowners Association, Inc. ita Dr., Davenport, FL 33837   |
|  |  |  |
| 3. The mailing a   | address (if different): P.O. Box 2   | 65, Loughman, 7 L 55656  |
| 4. Date of incor   | poration/qualification: 03/14/199  | Document number: N37131  |
|  | d street address of the current register<br>rtment of State: (If resigned, enter res   | red agent and registered office on file with the signed)   |
|  | Robert C. Chilton, Esq.  |  |
|  | 99 6th St. SW  |  |
|  | Winter Haven, FL 33880   |  |
| 6. The name and (if changed):  | d street address of the new registered   | agent (if changed) and /or registered office   |
|  | Robert C. Chilton, Esq.  |  |
|  | 245 S. Central Avenue  | 2  |
|  | Bartow, FL 33830   | NOT acceptable   |
| The street addre<br>as changed will  | ess of its registered office and the str<br>be identical.  | reet address of the business office of its registered agent,   |
| _  | 3  | pted by its board of directors or by an officer so inotified in writing of the change.   |
| Signatu  | Koluman<br>re of an officer or director  | Ed Koleman, President Printed or typed name and title  |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if the<br>hereby confirm | the appointment as registered agent<br>to comply with the provisions of all s<br>my duties, and I am familiar with an<br>ic docuprent D being filed merely to<br>that the corporation has been notific | and agree to act in this capacity.  Statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I ad in writing of this change. |
|  |  | 01/09/2019   |
|  | half of an entity:   | i>aic  |
| Ту   | oped or Printed Name   |  |

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