

# N42887

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

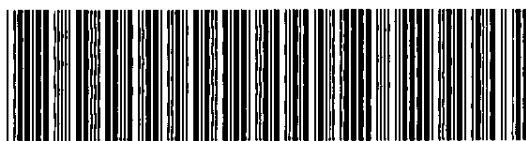
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/21/11--01001--004 \*\*35.00

*RA Address  
change*

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11 NOV 18 PM 3:55

RECEIVED

DEPT. OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 18 PM 4:33

FILED

*DR  
11/21/11*

Gardner Law Firm

Requester's Name

1300 Thomaswood Drive

Address

Tallahassee FL

City/State/Zip

385-0070

Phone #

(Rhonda)

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**Examiner's Initials**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bob Sikes Cut Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N42887

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:

John T. LaVia  
Name of Contact Person

Gardner, Bist, Wiener et al.  
Firm/Company

1300 Thomaswood Drive  
Address

Tallahassee, FL 32308  
City/State and Zip Code

v.weart@tx.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Weart at ( 972 ) 234-5353  
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

**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: Bob Sikes Cut Owners' Association, Inc.

2. The principal office address: 3403 White Oak Drive, Richardson, TX 75082

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Apr 9, 1991 Document number: N42887

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)

John T. LaVia, Young Van Assenderp

225 South Adams Street

Tallahassee, FL 32302

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

John T. LaVia

1300 Thomaswood Drive

P.O. Box NOT acceptable

Tallahassee, FL 32308

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.

Vicki D. Weart  
Signature of an officer or director

Vicki D. Weart, ST  
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.

John T. LaVia  
Signature of Registered Agent

11/18/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)

FILED  
2011 NOV 18 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA