

N47197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

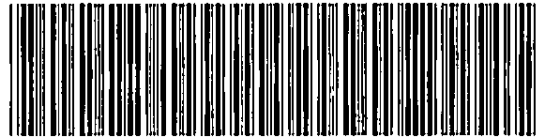
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 20 2021
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Agent
Name of Corporation

DOCUMENT NUMBER: N47197

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:

Barbara Lusk

Name of Contact Person

New Tampa Property Management

Firm/Company

P.O. Box 48855

Address

Tampa, Florida 33646

City/State and Zip Code

E-mail address: (to be used for future annual report notification)
newtampapropertymanagement@yahoo.com

For further information concerning this matter, please call:

Barbara Lusk at (813) 907-0445
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2021 AUG 13 PM 5:49

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2021

BARBARA LUSK
P.O. BOX 48855
TAMPA, FL 33646

SUBJECT: HAMPSHIRE NEIGHBORHOOD ASSOCIATION, INC.
Ref. Number: N47197

We have received your document for HAMPSHIRE NEIGHBORHOOD ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 321A00017415

Correction made.

**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: Hampshire Neighborhood Association, Inc.
2. The principal office address: P.O. Box 48855, Tampa, Florida 33646 1801 N Highland Ave.
Tampa, FL 33602
3. The mailing address (if different): PO Box 48855 Tampa, FL 33646
4. Date of incorporation/qualification: February 03-1992 Document number: N47197
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)

Associa Gulf Coast

9887 4th Street N. Suite 301

Sain Petersburg, Florida 33702

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

Bush Ross P.A.

1801 N. Highland Avenue

P.O. Box NOT acceptable

Tampa, Florida 33602

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.

Thomas Warden
Signature of an officer or director

Thomas Warden, President
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.

Bush Ross P.A. / Wes Metten
Signature of Registered Agent

June 25, 2021

Date

If signing on behalf of an entity:

Barbara Lusk, Property Manager
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 (04/13)

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FILED