

N 48226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

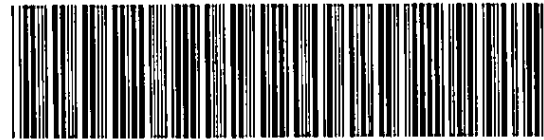
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000375045940

RA & RO Change

10/19/21--01016--001 **35.00

2021 OCT 19 PM 12 24
SECRETARY OF STATE
CLERK OF COURTS

FILED

A. RAMSEY

OCT 29 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINES MOBILE HOME OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N48226

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:

PAMELA BROWN

Name of Contact Person

PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Firm/Company

1005 WHITEHURST RD, LOT OFFICE

Address

PLANT CITY, FL 33563

City/State and Zip Code

THEVILLAGE1005@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA BROWN

Name of Contact Person

at (813

) 7631477

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

**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: PINES MOBILE HOME OWNERS ASSOCIATION, INC.
2. The principal office address: 1005 WHITEHURST RD LOT OFFICE, PLANT CITY, FL 33563
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/03/1992 Document number: N48226
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)

DONNA ROLFE

1005 WHITEHURST RD, LOT OFFICE, PLANT CITY, FL 33563

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

PAMELA BROWN

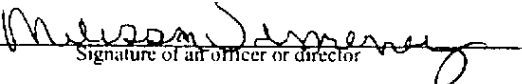
1005 WHITEHURST RD, LOT OFFICE, PLANT CITY, FL 33563

P.O. Box NOT acceptable

FILED
2021 OCT 19 PM 12 24
STATE OF FLORIDA
DEPARTMENT OF STATE


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.


Signature of an officer or director

Malissa Simenez 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.


Signature of Registered Agent

10/13/21
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 (04/13)