

N50601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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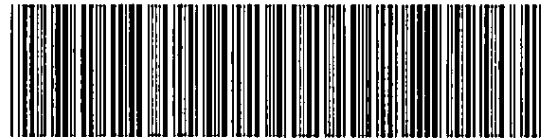
(Business Entity Name)

(Document Number)

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3/4/2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oakbreeze Cove Owners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N50601

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:

Theresa DeVries

Name of Contact Person

Duval Realty, Inc.

Firm/Company

6196 Lake Gray Boulevard, Suite 103

Address

Jacksonville, FL 32244

City/State and Zip Code

Accounting@DuvalRealtyInc.com

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

For further information concerning this matter, please call:

Terri DeVries

Name of Contact Person

at ( 904 )

367-1818

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: Oakbreeze Cove Owners Association, Inc.
2. The principal office address: c/o Duval Realty, Inc. 6196 Lake Gray Boulevard, Suite 103,  
Jacksonville, FL 32244
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/27/1992 Document number: N50601
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)

\_\_\_\_ SENTRY MANAGEMENT INC \_\_\_\_\_  
 2180 WEST SR 434 \_\_\_\_\_  
 \_\_\_\_ SUITE 5000 \_\_\_\_\_  
 LONGWOOD, FL 32779 \_\_\_\_\_

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

Duval Realty, Inc. \_\_\_\_\_  
6196 Lake Gray Boulevard, Suite 103 \_\_\_\_\_  
 \_\_\_\_\_ P.O. Box NOT acceptable \_\_\_\_\_  
Jacksonville, FL 32244 \_\_\_\_\_

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 TALLAHASSEE, FL  
 SECRETARY 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.

Joseph Denny

Signature of an officer or director

Joseph Denny

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.

Theresa L. DeVries  
 Signature of Registered Agent

November 30, 2022  
 Date

If signing on behalf of an entity:

Theresa L. DeVries

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