

N93000002174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

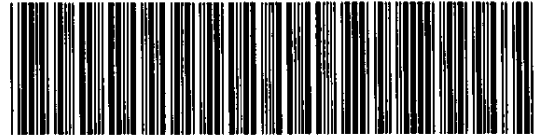
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291536678

10/27/16--01020--019 **35.00

16 OCT 27 AM 10:19
STATE OF MISSISSIPPI
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

OCT 31 2016
C McNAIR

COVER LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 27 AM 10:19

TO: Amendment Section
Division of Corporations

SUBJECT: OAK FOREST OF TAMPA HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N93000002174

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:

Jonathan Hengst
Name of Contact Person

Oak Forest of Tampa HOA inc
Firm/Company

P.O. BOX 290134
Address

TEMPLE TERRACE, FL 33687-0134
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Hengst at (813) 679-9335
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: OAK FOREST OF TAMPA HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: P.O. BOX 290134 TEMPLE TERRACE, FL 33687-0134

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/20/2016 Document number: N93000002174

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)

Reginald Hines

7417 Becky Thatcher Lane

TAMPA, FL 33637

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

Jonathan Hengst

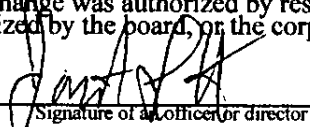
7520 Savannah Ln

P.O. Box NOT acceptable

Tampa, Fl. 33637

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

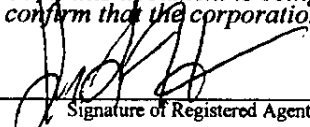
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jonathan Hengst - Prseident

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

10/24/2016

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 (03/12)

16 OCT 27 AM 10:19
DIVISION OF CORPORATIONS
STATE OF FLORIDA