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COVER PETTER

Division of Corporations			
SUBJECT: OCIALA PALMS ResiDeNTS ASSOCIATION, INC. Name of Corporation			
DOCUMENT NUMBER: N93000004165			
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:			
RICK BRAUN Name of Contact Person			
Name of Contact Person			
Firm/Company			
1830 NW 56 TeR			
OCALA FL. 34482 City/State and Zip Code			
City/State and Zip Code			
R.K.BRAUN@ATT. NET E-mail address: (to be used for future annual report notification)			
•			
For further information concerning this matter, please call:			
RICK BRAN at (352) 368. 2331 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

Tallahassee, FL 32314

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 the
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OCIALA PALMIS TOZSIBENTS 12550C. INC
2. The principal office address: 5000 N US HIGHWAY 27, OCHNA FL 34482
3. The mailing address (if different): 1830 NW 575 TERRICE, OCALA FL 3448.
4. Date of incorporation/qualification: 9-14-1993 Document number: M9300004165
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)
VZESIGNED
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TCICHAMA C. TSPAUN 1830 NW 524 TENA SER AN 26 FEA
1830 NW 52 TEXTS P.O. Box NOT acceptable P.O. Box NOT acceptable P.O. Box NOT acceptable
P.O. Box NOT acceptable
OCALA FL 34482 For No.
The street address of its registered office and the street address of the business office of its registered 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 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.
Tachar Gran 1-23-2015 Signature of Registered Agent Date
If signing on behalf of an entity:
VZICHATER C BIZAUN

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name