

N93000005185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

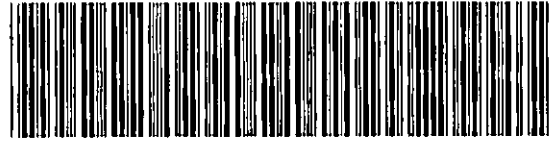
(Business Entity Name)

(Document Number)

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RA Change

JAN 04 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summer Lakes East

Name of Corporation

DOCUMENT NUMBER: N93000005185

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:

MaryAnn Syraski

Name of Contact Person

Coastal Management

Firm/Company

P.O Box 1407

Address

Port Richey FL 34673

City/State and Zip Code

acctcoastalhoamgt@gmail.com

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

For further information concerning this matter, please call:

Al Burley

Name of Contact Person

at (727) 967-2808

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: Summer Lakes East
2. The principal office address: 6454 Ridge Rd Port Richey FL 34668
3. The mailing address (if different): Listed above 1st Page
4. Date of incorporation/qualification: October 1, 2018 Document number: N93000005185
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)

QUALIFIED PROPERTY MANAGEMENT

5901 US HWY 19 7Q

New Port Richey , FL 34652 US

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

Coastal Hoa Management Serv inc

6454 Ridge Rd

P.O. Box NOT acceptable

Port Richey FL 34668

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.

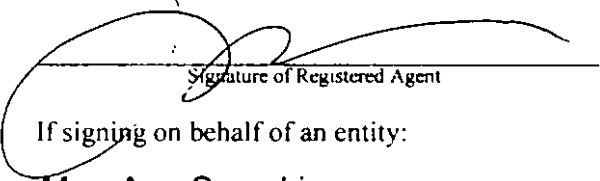


Signature of an officer or director

Al Burley

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

12/4/18

Date

If signing on behalf of an entity:

MaryAnn Syraski

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)