

N94 000 000 482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

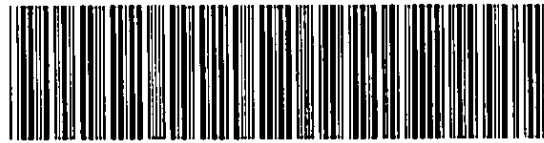
(Business Entity Name)

(Document Number)

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2020 MAY 18 PM 4:30

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COUNTRY MEADOWS RESIDENTS ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: N94000000482

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:

CAROL TERRELL

Name of Contact Person

COUNTRY MEADOW RESIDENT ASSOCIATION

Firm/Company

76 NORTH MEADOW

Address

PLANT CITY FLORIDA

City/State and Zip Code

CARLEE1941@VERIZON.NET

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

For further information concerning this matter, please call:

CAROL TERRELL

Name of Contact Person

at (703)

477 7591

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: COUNTRY MEADOWS RESIDENTS ASSOCIATION
2. The principal office address: 76 NORTH MEADOW, PLANT CITY, FLORIDA 33563
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1994 Document number: N94000000482
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)

JAMES LUCIANI

230 COUNTRY LANE

PLANT CITY, FLORIDA 33563

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

COLLEEN CROOK

480 LAKE CIRCLE

P.O. Box NOT acceptable

PLANT CITY, FLORIDA 33563

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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.

X Carol Terrell
Signature of an officer or director

04/29/2020 CAROL TERRELL TREASURER
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.

Colleen Crook
Signature of Registered Agent

04/29/2020 _____
Date

If signing on behalf of an entity:

CAROL TERRELL
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)