## N9500000 3377

(Requesto	or's Name)					
(Address)	)					
(Address)	)					
(City/Stat	e/Zip/Phone #)					
PICK-UP	] WAIT MAIL					
(Business	s Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

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10/22/19--01026--015 \*\*35.00

R. WHITE

2019 OCT 22 PH 5: 17

## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: Northwood of Pasco Homeowners Association, Inc. Name of Corporation								
DOCUMENT NUMBER: N9 5 000 00 3377								
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:								
John Muley								
Name of Contact Person								
Wetherington Hamilton, P.A.								
Firm/Company								
812 W. Dr. MLK Jr. Blvd., Suite 101								
Address								
Tampa, FL 33603								
City/State and Zip Code								
kmbpleadings@whhlaw.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
John Muley  Name of Contact Person  at (813 ) 225-1918  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

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sect ange is submitted f	for a corporation	organized	under the la	iws of the S	State of Flo	rida	<i></i> -
in orde	er to change its reg	gistered office or i	registered	agent, or bo	oth, in the S	State of Flo	rida.	
1. The name of	the corporation:	Northwoo	fo p	Pasco	Home	owners	Assoc	iation, In
2. The principal	l office address:	4131 6.		wy . //. ?		<u>.</u>	_	<del></del>
		-Tampa	FL 3	3618				<del></del>
3. The mailing a	address (if differer	nt): <b>SAV</b>	re		•			
4. Date of incor	poration/qualificat	tion: 7 18	1115	_ Document	number: _	N950	0000	3377
	d street address of rtment of State: (II	•	_	and register	ed office o	on file with	the	
	1010 N. Flo	rida Ave.						
	Tampa, FL	33602						
6. The name and (if changed):	d street address of	the new registered	d agent (if	changed) ar	nd /or regis	tered office	2019 001	
	Wetheringto	n Hamilton,	P.A.				722	
	812 W. Dr. I	MLK Jr. Blvd					PH	<u>.</u>
	Towns []		x NOT accep	table			<del>ت</del> .	72
	Tampa, FL	33003					-1	
The street address changed will	ess of its registere I be identical.	d office and the s	street addr	ess of the bi	usiness off	ice of its ro	egistered	agent,
Such change wa authorized by the	as authorized by r he beard, or the co	esolution duly ad orporation has be	opted by i	ts board of l in writing	directors o of the char	r by an off nge.	icer so	
Signal	ard of an officer or direct	2	Ka	lei McElro	oy Blair, E	•	ttorney	
I hereby accept I further agree performance of agent. Or, if th	the appointment to comply with the my duties, and I do its document is being that the corporat	as registered age e provisions of al am familiar with a ing filed merely to	l statutes i and accep o reflect a	ree to act in relative to to t the obligat change in t	this capac he proper o tion of my he register	city. and comple position as	s register	ęd
- Jeig	mature of Registered Ag	( )			Date	17		<del>_</del> _
If signing on bo	chalf of an entity:							
Kalei McEl	roy Blair, Esc	٦.						
T	yped or Printed Name							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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