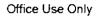
## N96000004188

(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:





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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SIGNATURE ESTATES HOMEOWNERS ASSOCIATION, INC.				
Name of Corporation				
DOCUMENT NUMBER: N96000041	88			
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:				
Monique E. Parker				
Name of Contact Person				
Rabin Parker, P.A.				
Firm/Company				
28059 U.S. Hwy 19 North, Suite 301				
Address				
Clearwater, Florida, 33761				
City/State and Zip Code				
Monique@rabinparker.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Monique E. Parker	at (727 ) 475-5535 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 Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 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

statement of ch	hange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Flor n organized under the laws of the State r registered agent, or both, in the State	of Florida
1. The name of	f the corporation: SIGNATURE	ESTATES HOMEOWNERS	ASSOCIATION, INC
	al office address: 300 Signature		
	Safety Harbor		
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: 08/09/1	996 Document number: N96	5000004188
5. The name ar		stered agent and registered office on fil	le with the
	Charleen Eckard		
	3110 Palm Harbor Blvd		<u> </u>
	Palm Harbor, FL 34683		2015 A 100
6. The name ar (if changed):		red agent (if changed) and /or registere	d office $\frac{1}{62}$
	Rabin Parker, P.A		ا والدور د المرابع (موروع) مرابع الموروع (موروع)
	28059 U.S Hwy 19 North	n, Suite 301	— 31 — 31
		Box NOT acceptable	<del>-</del> 34
	Clearwater, 33761.	<del></del>	<del></del>
The street addras changed wil	ress of its registered office and the [] be identical.	street address of the business office of	of its registered agent,
Such change wanthorized by t	ras authorized by resolution duly a	dopted by its board of directors or by een notified in writing of the change.	an officer so
	1/2	Charleen Eckard	
Signal	ure of an officer or director	Printed or typed name an	id litle
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with his document is being filed merely a that the corporation has been not	tent and agree to act in this capacity. All statutes relative to the proper and a n and accept the obligation of my posit to reflect a change in the registered of tified in writing of this change.	complete tion as registered office address, I
		8/19/	19
	enature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Monique	E E PARKER.		

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