192000003090

(Requestor's Name)			
(Äddress)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PLANTATION BAY ESTATES HOMEOWNERS' ASSOCIATION, INC. Name of Corporation
DOCUMENT NUMBER: N97000003090
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:
Holly Nikolich
Name of Contact Person
Mika & Nikolich, PA
Firm/Company
1330 Main Street. 2nd Floor, Office 1
Address
Sarasota, FL 34236
City/State and Zip Code
Holly1@mnfirm.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Holly Nikolich at (941)345-7941 Name of Contact Person Area Code & Daytime Telephone Numb
Name of Contact Person Area Code & Daytime Telephone Numb
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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 60 inge is submitted for a corporation organized or to change its registered office or registered	under the laws of the State of Florida	
	the corporation: PLANTATION BAY ESTATI	·	
2. The principal	office address: 786 S. Orange Avenue, Sarason	a, FL 34236	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 05/29/1997	_ Document number: N97000003090	
	d street address of the current registered agent rtment of State: (If resigned, enter resigned)	and registered office on file with the	
	Margaret Shoaf		
	46 N. Washington Blvd., Suite 29	2025	
	Sarasota, F1. 34236	LAH	
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered officesEE. FLORIT	
	Holly Nikolich		
	1330 Main Street, 2nd Floor, Office 1	RIDE RIDE	
P.O. Box NOT acceptable Sarasota, FL 34236			
The street addre as changed will	ess of its registered office and the street adda be identical.	ress of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by he board, or the corporation has been notifie	its board of directors or by an officer so d in writing of the change.	
	Molev Ja	mes Ehnes, President	
•	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligati ing filed merely to reflect a change in the reg I been notified in writing of this change.	relative to the proper and complete performance on of my position as registered agent. Or, if this gistered office address, I hereby confirm that the	
Sign	mature of Registered Agent	7/4/2023	
	chalf of an entity:	Party.	
Ty	yped or Printed Name		

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