

N97000005965

The Piney 2 Plantation
Homeowners Association Inc.
(Requestor's Name)

950 Piney 2 Plantation Rd
(Address)

Tallahassee
(Address)

FL 32311
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

PINEY-Z HOMEOWNERS ASSOCIATION, INC.

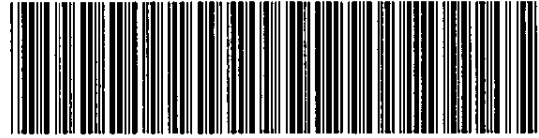
(Business Entity Name)

N97000005965
(Document Number)

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DIVISION OF CORPORATIONS

AUG 07 2015
C. CARROTHERS

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: PINEY-Z HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 950 PINEY-Z PLANTATION RD. TALLAHASSEE, FL 32311
3. The mailing address (if different): POST OFFICE BOX 12236
TALLAHASSEE, FL 32317
4. Date of incorporation/qualification: 10/22/1997 Document number: N97000005965
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)

HAYWARD, BLAKE

2121-G KILLARNEY WAY

TALLAHASSEE, FL 32309

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

Anderson & Givens, P.A.

1906 Buford Blvd, Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32308

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.

Pati Lytle
Signature of an officer or director

PATI LYTLE, PRESIDENT
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]
Signature of Registered Agent

7/6/15
Date

If signing on behalf of an entity:

Jeremy Anderson
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

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