N98000002585

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RETARY OF STATE

J DETINIS

Clarence A. Boswell 1902-2005 David R. Carmichael • Savannah Young Ceruilo Robert C. Chilton Seth B. Claytor

W. A. "Drew" Crawford :

*-Board Certified, Criminal Trial

P.O. Drawer 30, Bartow, Florida 33831 245 South Central Avenue, Bartow, Florida 33830 Phone: (863) 533-7117 Fax: (863) 533-7412

Sender's e-mail address: robert@bosdun.com

George T. Dunlap, III, Retired Keith D. Miller Frederick J. Murphy, Jr. : Sean R. Parker Jillian T. Spangler Donald H. Wilson, Jr.

2- Board Certified, City, County, Local

August 24, 2022

Via first class mail

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Heatherpoint Lake Estates Homeowners Association, Inc. Re:

> > Document Number: N98000002585

Dear Sir or Ma'am:

Please find, enclosed for filing, the Statement of Change of Registered Office of Registered Agent or Both for Corporations for Heatherpoint Lake Estates Homeowners Association, Inc. Also enclosed is my firm's check, payable to the Department of State, in the amount of \$35.00 for payment of the filing fee. If you have any questions, do not hesitate to contact me.

Chilton

Very truly vous.

& DUNLAP LLP

BOSWEL

Enclosures (as stated)

cc: Client

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: HEATHERPOINT LAKE ESTATES HO Name of Corporation	MEOWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: N98000002585	
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
ROBERT C. CHILTON, ESQ.	
Name of Contact Person	
BOSWELL & DUNLAP LLP	
Firm/Company	
245 SOUTH CENTRAL AVENUE	
Address	
BARTOW, FL 33830	
City/State and Zip Code	
ROBERT@BOSDUN.COM E-mail address: (to be used for future annual repor	et notification)
E-man address. (to be used for future annual repor	t notification)
For further information concerning this matter, please	call:
ROBERT C. CHILTON	at (863) 533-7117 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

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

1 1 1 1 1 1 1

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.
The name of the corporation: <u>HEATHERPOINT LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.</u> The principal office address: <u>343 HEATHERPOINT DRIVE, LAKELAND, FL.33809</u>
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/06/1998 Document number: N98000002585
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)
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROBERT C. CHILTON, ESQ.
245 SOUTH CENTRAL AVENUE
P.O. Box NOT acceptable
BARTOW, FL 33830
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.
Milton E. Sumann MILTON E. BEURMANN TRESIDEN 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.
Ugust 24, 2022 Confinitive of Registered Agent () Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/L3)

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