## N98000004750

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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02/15/21--01023--00\$ \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: W.O. Homeowners' Association, Inc. Name of Corporation		
Marie of Co.poration		
DOCUMENT NUMBER: N98000004750		
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Tiffany L McElheran		
Name of Contact Person	<del></del>	
Martinez Law, P.A.		
Firm/Company		
2818 Cypress Ridge Blvd, Suite 230		
Address	<del></del>	
Wesley Chapel, FL 33544		
City/State and Zip Code		
tiffany@martineziawfla.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, pleas	e call:	
Tiffany McElheran	at (813 ) 303-4887	
Name of Contact Person	at (813 )303-4887 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Dep	ariment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

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

	der to change its registered office or registere			
	f the corporation: W.O. Homeowners' Associat			
2. The principa	al office address: 2019 Ospre Lane, Suite B, Lut	z FL 33549	·	
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 10/04/2007	Document number: N98000004750		
	nd street address of the current registered ager artment of State: (If resigned, enter resigned)	t and registered office on file with the	SECRETARY OF TALLAHASSE	
	Bush Ross, P.A.			
	1801 N. Highland Avenue			
	Tampa, FL 33602			
6. The name an (if changed):	nd street address of the new registered agent (i	f changed) and /or registered office	3: 35 STATE S.FL	
	McElheran, Tiffany			
	Martinez Law, P.A.			
	P.O Box NO	T acceptable		
	2818 Cypress Ridge Blvd, Suite 230 Wesley (	hapel, FL 33544	1	
The street addr as changed wil	ress of its registered office and the street add Il be identical.	ress of the business office of its regist	ered agent,	
	vas authorized by resolution duly adopted by the board, or the corporation has been notific			
Character for the Character	Treasurer			
Signati	ure of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties, an document is be- corporation has	t the appointment as registered agent and ag to comply with the provisions of all statutes and I am familiar with and accept the obligat- ing filed merely to reflect a change in the re as been notified in writing of this change.	^	erformance Or if this rm that the	
	gnature of Registered Agent	J-4-2021	;	
	chalf of an entity:		'	
<u></u>	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 CR2E045 (04/13)