19800005137

(Req	uestor's Name)
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(City/	/State/Zip/Phone #)
☐ PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to F	oling Officer:
	J. HORNE
	· · · -
	AUG 2 2 2023
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Office Use Only



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07/19/23--01031--010 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations	•	78
SUBJ Name	ECT: Change Name and Address of Registered Ag of Corporation	gent	_
DOC	UMENT NUMBER: N98000005137		
The er	nclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for	r filing.
Piease	return ail correspondence concerning this mat	ter to the following:	
Kim S	ell		
Name	of Contact Person		
Mazur	ek Plantation Homeowners' Association, Inc.		
Firm/0	Dompany		
1163 C	Old Nursery Way		
Addre	ss		
Pensac	rola, FL 32514		
City/S	tate and Zip Code mazurekplaniahon@gmaii.com	mazurekplantatio	in Egmail. Lor
E-ma	il address: (to be used for future annual rep	ort notification)	_
For fu	orther information concerning this matter, pleas	e call:	850-792-
Kim S	1	at (850)792-5513	5513
	Name of Contact Person	Area Code & Daytime Te	lephone Number
Enclo	sed is a \$35.00 check made payable to the Dep	artment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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CR26045 (04-13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	_
1. The name of t	he cornoration: Mazurek Plants	ntion Homeowners' Association, the.	
2. The principal Pensacola, FL 32	office address: 1163 Old Nurser	y Way	_
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification:	Document number: N98006005137	
	street address of the current re tment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	Burg, G randon		
	14101 Panama City Beach Pdw	y, Suite 100	
	Panama City, FL 32413	· · · · · · · · · · · · · · · · · · ·	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office	33 EFED
	1163 Old Nursery Way		<u>ا ا</u> لىز
	Pensacola, FL 32514	P.O. Box NOT acceptable	<u> </u>
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered ag-	ent,
Such change wa authorized by th	is authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	
Karn	Yours	Karen Young, Treasurer	
I further agree (of my duties, an document is bei	the appointment as registered to comply with the provisions of I am familiar with and accept fled merely to reflect a charten polified in writing of the control of the con	Printed or typed name and tule I agent and agree to act in this capacity. of all statutes relative to the proper and complete performa ept the obligation of my position as registered agent. Or, if ange in the registered office address, I hereby confirm that is change. §\$\tilde{Vi}\$(13/23)	ince this the
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
N/A			
r	* * * * * * * * * * * * * * * * * * *	ILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEL, FL 32314 CR2E045 (04/13)