da Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE GOLF PARK PROPERTY OWNERS ASSOCIATION, INC.

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Help

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 6 unge is submitted for a corporation organized under the la		
	r to change its registered office or registered agent, or bo		
1. The name of the	the corporation: Golf Park Property Owners Association,	inc.	
2. The principal of	office address: 3030 N. Rocky Point Dr. STE 150A		
Tampa FL 33	3607		
3. The mailing ac	iddress (if different); 3030 N. Rocky Point Dr. STE 150A		
Tampa FL 3:	33607		
4. Date of incorp	poration/qualification: 11/25/1998 Document	number: N98000006797	
	I street address of the current registered agent and register timent of State: (If resigned, enter resigned)	ed office on file with the	
; •	SENTRY MANAGEMENT INC	M** - *** - *** - *	
	2180 WEST SR 434SUITE 5000	20 20	
	LONGWOOD, FL 32779	ASS THE STATE OF T	الارزانية م غ د مساوران
6. The name and (if changed):	i street address of the new registered agent (if changed) ar	100 to 1	,
_	Registered Agents Inc.		,,
	3030 N. Rocky Point Dr. STE 150A		
	Tampa FL 33607	**************************************	
The street address as changed will l	ess of its registered office and the street address of the be be identical.	usiness office of its registered agent,	
Such change was authorized by the	is authorized by resolution duly adopted by its board of one board, or the corporation has been notified in writing	directors or by an officer so of the change.	
Mary Stander	THOMAS J.	HINCKER - PRESIDENT	
performance of h goent. Or if this	the appointment as registered agent and agree to act in to comply with the provisions of all statues relative to th my didies, and I am familiar with and accept the obligat is document is being filed merely to reflect a change in t that the corporation has been notified in writing of this	uon oj my position as registerea he regislered office uddress. I	
Beethon	04/30/18		
Sign	nature of Registered Agent	Date	
If signing on beh	half of an entity:		
Bill Havre			
Ту	apod or Printed Name		
	* * * FILING FEE: \$35.00 * * *		
MA CR2E015 (03/12)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTME ALL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TA		