

N99 000 000 458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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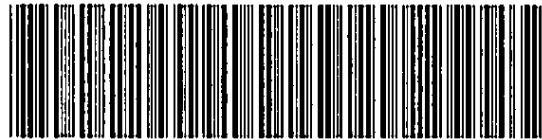
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: FLORENCIA OWNER'S ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: N99000000488

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert E. Galloway

Name of Contact Person
Florenxia Owner's Association

Firm/Company
100 Beach Drive, NE Suite 1202

Address
St. Petersburg, FL 33701

City/State and Zip Code
gallowayconsulting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Galloway at (727) 5256266
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED


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~~ Florida in order to change its registered office or registered agent or both, in the State of Florida.

1. The name of the corporation: Florencia Owner's Association
2. The principal office address: 100 Beach Drive, NE St. Petersburg, FL 33701
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 21, 1999 Document number: N99000000488
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)
BECKER & POLIAKOFF
1511 N Westshore Blvd. Suite 1000
Tampa, FL 33607
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert E. Galloway
100 Beach Drive, NE Unit # 1202
St. Petersburg, FL 33701-3968
P.O. Box NOT acceptable

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.


Signature of an officer or director

William D. Haueisen, President of the Board

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 of Registered Agent

June 23, 2022

Date

If signing on behalf of an entity:

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)