

N9900006399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Covington Place Homeowner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N99000006399

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:

Bob Kresnik

Name of Contact Person

Association Management Advisors Inc

Firm/Company

17878 Tropical Cove Dr.

Address

Tampa, FL 33647

City/State and Zip Code

associationmanagementadvisorsinc.com

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

For further information concerning this matter, please call:

Bob Kresnik

Name of Contact Person

at (813) 753-9229

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Covington Place Homeowner's Association, Inc.

2. The principal office address: 17878 Tropical Cove Dr.
Tampa, FL 33647

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10-25-1999 Document number: N99000006399

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)

The Barlow Group

5310 Clark Rd.

Sarasota, FL 34233

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Candace Miller


17878 Tropical Cove Dr.

P.O. Box NOT acceptable

Tampa, FL 34647

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

Bob Kresnik/President

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

August 12, 2016

Date

If signing on behalf of an entity:

Candace Miller

Typed or Printed Name

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

FILED
2016 AUG 17 PM 5:22
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314