

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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<u>08/13/17--01011--009</u> ++35.00



## **COVER LETTER**

| TO:    | Amendment Section Division of Corporations  |
|--------|---|
| SUBJI  | Whispering Pines Club, Inc.   |
| SCD0   | Name of Corporation   |
| DOCU   | MENT NUMBER:  |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing.   |
| Please | return all correspondence concerning this matter to the following:  |
|        | James Long, Manager   |
|        | Name of Contact Person  |
|        | J&L Management of North FI, Inc   |
|        | Firm/Company  |
|        | 10592 Balmoral Circle E., Suite # 7   |
|        | Jacksonville, FL 32218  |
|        | City/State and Zip Code   |
|        | ·   |
|        | james@jlmgmtnfl.com   |
|        | E-mail address: (to be used for future annual report notification)  |
|        | ther information concerning this matter, please call:   |
| Jan    | nes Long 904 683-2569   |
|        | Name of Contact Person at () Area Code & Daytime Telephone Number   |
| Enclos | ed 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

| arsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attement 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.   |
|--|
|  |
| . The name of the corporation: Whispering Pines Club, Inc . The principal office address: 105 Ponderosa Pines Ct. Georgetown, FL 32139-9512  |
| . The principal office address:  |
| The mailing address (if different):  |
| . Date of incorporation/qualification: 04/15/1974 Document number: 729425  |
| 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)  |
| Jeanna Moulton   |
| 120 Tequesta Trail   |
| Georgetown, FL 32139   |
| The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| J&L Management of North FL, Inc  |
| 10592 Balmoral Circle E., Suite # 7  |
| P.O. Box NOT acceptable  Jacksonville, FL 32218  |
| the street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.  |
| uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.  |
| Signature of an officer or director  Signature of an officer or director  Printed or typed name and title  |
| hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent Date   |
| signing/on behalf of an entity:  |
| lames Long, Manager  |
| Typed or Printed Name  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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