## J04000003560

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



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## **COVER LETTER**

Amendment Section Division of Corporations

SUBJECT: Sands of Carrabelle Homeow (Name of C	
DOCUMENT NUMBER: N04000002560	
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
,	
Olin Granthum	
· (Name of Co	ntact Person)
Sanda of Carrahalla Hama	Duynama Aggariation
Sands of Carrabelle Homeo (Firm/Co	ompany)
•• •	
PO Box 180190	
(Add	ress)
Tallahassee, FL 32318	
(City/State ar	nd Zip Code)
For further information concerning this matter, please of	call:
Olin Granthum	050 F600000
(Name of Contact Person)	at (850). 5626906 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depart	ement of State.
Mailing Address	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahaccee El 30314	2661 Evenutius Contan Circle

Tallahassee, FL 32301

## $^{\star}$ 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: Sands of Carrabelle Homeowners Association = NC.  2. The principal office address: PO Box 180190  Tallahassee, FL 32318	
Principal address (if different): 104 West 4th Ave., Tallahasse	<u> </u>
FL, 32303.	
4. Date of incorporation/qualification: 03/12/04 Document number: N0400002560	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Paula Caruthers	
2600 Lucerne Drive	
Tallahassee FL 32303	1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	: 17
Thomas Woodward  104 West 4th Ave	_
104 West 4th Ave 95 2	
(P.O. Box NOT acceptable)	
Tallahassee FL 32303	
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)  Oin Granhum (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 fitted 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)  February 20, 2008  (Date)	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Turned or Drived Nove)	
(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 (8/05)