## N04000001248

(Re	equestor's Name)	<del></del>
(Ac	idress)	
`	,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800252803168

10/21/13--01018--026 \*\*35.00



RARD(Ch8 (10) 11.18.13

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Colee Core Canding Homeowners Association Inc. Name of Corporation
DOCUMENT NUMBER: No460007248
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:
Margaret Storey Name of Contact Person
First Coast Association Management LLC Firm/Company
11555 Central Partum Suite sup
Tacksonville Floride 32224  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marsart Story at (904) 9985365  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  Street Address:  Amendment Section  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Tallahassee, FL 32314

P.O. Box 6327



RECEIVED 13 NOV 18 PM 2: 49

## FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA

October 25, 2013

MARGARET STOREY FIRST COAST ASSOCIATION MANAGEMENT LLC 11555 CENTRAL PARKWAY - STE. 801 JACKSONVILLE, FL 32224

SUBJECT: COLEE COVE LANDING HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N04000007248

We have received your document for COLEE COVE LANDING HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The officer signing on behalf of the new registered agent that's a corporation must type/print name in the space provided.

The officer signing the document authorizing the registered agent change must be an officer of COLEE COVE LANDING HOMEOWNERS ASSOCIATION, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 313A00024982

Please see attachel flines as reguested

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR SOUTH 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.
1. The name of the corporation: Colec Cove Landing Homeowners Association the
2. The principal office address: 11555 Central Plany Ste 801
Jacksonville, Florida 32224
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/13/2004 Document number: No0000 724 8
<ol><li>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)</li></ol>
Tucker, Howard W111
8320 Sheila Dr
St Ausustine FL 32092
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
First Coast Association Management LCE 377 11555 Central Parkway Svite 801 P.O. Box NOT acceptable
11555 Central Parkway Svite 801 0 300
Dacksonvilk I-L 32224
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.
Ygniture of an officer or director  Wes Tucken  11-12-13  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.
Mary and Story Signature of Registered Agent  10/31/13 Date
If signing on behalf of an entity:
Margaret Storay First (oast Association Management LLC Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

4

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