## N06000000594

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Dac	ument Number)	
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SECRETARY OF STATE AHASSEE, FLORIDA

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September 11, 2006

KRYSTAL WATSON HERLONG COMMONS OFFICE CENTER CONDO ASSO 10250 NORMANDY BLVD., SUITE 702 JACKSONVILLE, FL 32221

SUBJECT: HERLONG COMMONS OFFICE CENTER CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N06000000594

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The current name of the entity is as referenced above. Please correct your document accordingly.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$10.00.

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) 245-6906.

Letter Number: 006A00054658

Darlene Connell Document Specialist

## **COVER LETTER**

Division of Corporations SUBJECT: Herlong Commons Office Center Condominium Association (Name of Corporation) DOCUMENT NUMBER: N06000000594 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: Doug Smith (Name of Contact Person) Herlong Commons Office Center Condominium Association (Firm/Company) 10250 Normandy Blvd., Suite 702 (Address) Jacksonville, FL 32221 (City/State and Zip Code) For further information concerning this matter, please call: Doug Smith (Name of Contact Person)

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

TO:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\,$ FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, mge is submitted for a corporation organiza r to change its registered office or registere	ed under the laws of the State of F	lorida	<u></u>	<del></del> -
		fice Center Condominium Assoc		nc.	
	office address: 10250 Normandy Blvd., Su	uite 702, Jacksonville, FL 32221	· ,		
3. The mailing a	ddress (if different): (same)				. 2* :
4. Date of incor	poration/qualification: 01/19/2006	Document number: N0400000	00594		
	istreet address of the current registered age tment of State:	ent and registered office on file with	n the		
	Ronald W. Fussell			<b>3.</b>	, <u>.</u> ,
	8323 Ramona Blvd.		,		
	Jacksonville, FL 32221				م د <del>بد</del> ر <sub>هار</sub> ه
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered offic	SECRE TALLAH	30 90	**************************************
	Doug Smith		TAR	ゴニ	Windlese,
	10250 Normandy Blvd., Suite 70		EE. I	<b>=</b>	m
	(P.O. Box NOT acceptable)  Jacksonville, FL 32221		STAT	ري ق	U
The street addre	ess of its registered office and the street ac be identical.	ddress of the business office of its	om register	Ġ)	ent,
Such change with authorized by I	as authorized by resolution duly adopted la reboard, or the corporation has been noti	by its board of directors or by an of fied in writing of the change.	officer s	0	
(Signati	ire of an officer or director)	Ronald W. Fussell, President (Printed or typed name and tit	lle)		
I further agrée of my duties, and document is hei	the appointment as registered agent and to comply with the provisions of all statut all I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. es relative to the proper and compation of my position as registered registered office address, I hereby	plete per l agent. y confirm	forma Or, if n that	ince this the
Wa	Muture of Registered Agent)	9/9/6/66			_
If signing on be	half of an entity:	(Date)			
Doug Smith	<del>-</del>				
	Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·	••		

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