(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations

JARDIN CONDOMINIUM ASSOCIATION XIX, INC. Name of Corporation

N06000011789

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:

JANET HUGHES

Name of Contact Person

Firm/Company

194 JARDIN DE MER PLACE

Address

JACKSONVILLE BEACH, FL 32250

City/State and Zip Code

JARDINXIXSECTREAS@GMAIL.COM

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

For further information concerning this matter, please call:

JANET HUGHES

Name of Contact Person

904 306-1768

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 1768 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: JARDIN CONDOMINIUM ASSOCIATON XIX, INC.	
2. The principal office address: 190 JARDIN DE MER PLACE, JACKSONVILLE BEACH,	
FL 32250	
3. The mailing address (if different): 194 JARDIN DE MER PLACE, JACKSONVILLE BEACH FL 32250	ļ <u>,</u>
4. Date of incorporation/qualification: 11/13/2006 Document number: N06000011789	
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)	
JAMES DeMAIO, III	
191 JARDIN DE MER PLACE	
JACKSONVILLE BEACH, FL 32250	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	37
JANET HUGHES	
194 JARDIN DE MER PLACE	7
P.O. Box NOT acceptable	
JACKSONVILLE BEACH, FL 32250	
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 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) 9: 15: 15 Date	
If signing on behalf of an entity:	
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