## 407000543

(Requestor's Name)	
(Address)	8001
(Address)	
(City/State/Zip/Phone #)	09/12/
(Business Entity Name)	
(Document Number)	
*Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	Mas
Office Use Only	



800135529738

09/12/08--01024--036 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

000 SEP 12 AH 1:27

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DUNLEITH HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>N 0 7000005428</u>
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:
Pamera B. RATHER (Name of Contact Person)
JBL PROPERTIES, L70. (Firm/Company)
P.O. Box 161506 (Address)
MoBile, AL 366/6 (City/State and Zip Code)
For further information concerning this matter, please call:
PAMERA PATHER at (251) 343-8/98 (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 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 provision. statement of change is sul in order to chang	bmitted for a corpor	ation organized und		of FLORIDA	
1. The name of the corpor	ration: DUNIEI	TH HOMEOWN	ers' Associati	IDN TNC.	
2. The principal office add		-		•	
•	PENSACE	DLA, FL 3253	4		
3. The mailing address (if	different):				<del></del>
4. Date of incorporation/q	ualification: <u>05-</u>	: <i>30-2007</i> Do	ocument number: NO	700000542	8
5. The name and street ad Florida Department of		registered agent and	registered office on file	with the	
	CHARLES H.	EDGAR, JR.		ALISE 富	umigrafi.
•	2475 [] N	NE MILE RO.	Suize 7		enteriorità enteriorità
, <del></del>		FL 32534	00//2/	12 SSE	e T
	TENSHIOLA;	<u> </u>			
6. The name and street ad (if changed):	dress of the new <del>reg</del>	<del>zistered agent (if cha</del>	<del>nged) and /o</del> r registered	1. 27 CORIDA	
·	1186 WENS,	EL DRIVE			
		NOT acceptable) 7. FL 3253.	3	· 	•
The street address of its as changed will be ident	registered office an	•		of its registered agen	t,
Such change was author authorized by the board,	ized by resolution of the corporation	duly adopted by its has been notified in	board of directors or by writing of the change	y an officer so	
(Signature of an off)	per or afrector)		ELLIS LORD 7	REASURER : and title)	
I hereby accept the appo I further agree to compl- of my duties, and I am fa document is being filed a corporation has been no	fintment as register y with the provision imiliar with and ac merely to reflect a d tified in writing of	red agent and agree ns of all statutes relocept the obligation change in the regist this change.	to act in this capacity, ative to the proper and of my position as regis ered office address, I h	complete performan tered agent. Or, if th tereby confirm that th	ce iis ie
	•	NA			_
,	legistered Agent)		(Date)		
If signing on behalf of a	n entity:				
(Typed or Pri	inted Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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