W11725

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Tin/Dhana ff)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(0-1-1)				
Out to 1 Out to 1 Out to 1				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Heather Ridge Owners Association, Inc						
	Name of	Corporation				
DOCUMENT NUMI	BER:	N11725				
The enclosed Stateme	nt of Change of Registered Offi	ice/Agent and fee are submitted for filing.				
Please return all corre	spondence concerning this matt	er to the following:				
	Linda	Woods				
	Name of C	ontact Person				
	The CAM	Team, LLC				
_		Company				
	1008 Pa	ark Avenue				
_		Idress				
	Orange Park	, Florida 32073 and Zip Code				
	City/State a	and Zip Code				
	RemaxCAM@comcast.net					
E-	mail address: (to be used for	future annual report notification)				
For further informatio	n concerning this matter, please	call:				
	inda Woods	at (904) 278-2338 Area Code & Daytime Telephone Numb				
Name	of Contact Person	Area Code & Daytime Telephone Numb				
Enclosed is a \$35.00 c	theck made payable to the Depa	urtment of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building				
	Tallahassee FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta Inge is submitted for a corporation organized under the laws of the State of <u>Fl</u> Er to change its registered office or registered agent, or both, in the State of Flo	lorida	<i>S</i>	
1. The name of	the corporation: Heather Ridge Owners Association, Inc.			
2. The principal	office address: 1008 Park Avenue			
Orange Pa	ark, Florida 32073			
3. The mailing a	address (if different): Same			
4. Date of incorp	poration/qualification: Oct. 25, 1985 Document number:	N1172	:5	
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the		
	Awakenings Association Management, Inc.			
	4213 County Road 218, Suite 1			
	Middleburg, Florida 32068		NO N	はの
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	e .		26 州
	The CAM Team, LLC			S
	1008 Park Avenue		12.	3
	P.O. Box NOT acceptable		1964	
	Orange Park, Florida 32073			
The street addre as changed will	ess of its registered office and the street address of the business office of its be identical.	registered	i agent,	
Such change was authorized by #	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so		
Signaur	Andy Bernhard, Pres re of an officer of director Printed or typed name and little	sident		
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete perfo agent. O confirm	rmance r, if this that the	
Bur	9/22/2011			
Sigi	nature of Registered Agent Date			
If signing on be	half of an entity:	•		
	Linda Woods			
Ту	yped or Printed Name			

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