

N92000000957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

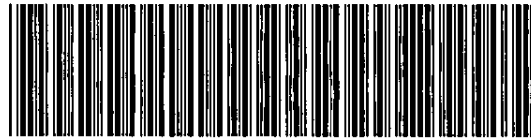
(Business Entity Name)

(Document Number)

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
14 DEC 24 PM 12:36

DEC 29 2014  
T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAINLANDS MASTER ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N92000000957

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:

MOLLIE KIRHAGIS, LCAM  
Name of Contact Person

MAINLANDS MASTER ASSOCIATION, INC  
Firm/Company

10161 49TH STREET SUITE L  
Address

PINELLAS PARK, FLORIDA 33782  
City/State and Zip Code

MAINLANDSOFFICE@NETSCAPE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOLLIE KIRHAGIS, LCAM at ( 727 ) 579-5870  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2014

MOLLIE KIRHAGIS, LCAM  
MAINLANDS OF TAMARAC MASTER ASSOCIATION  
10161 49TH STREET SUITE L  
PINELLAS PARK, FL 33782

SUBJECT: MAINLANDS MASTER ASSOCIATION, INC.  
Ref. Number: N92000000957

We have received your document for MAINLANDS MASTER 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 current name of the entity is as referenced above. Please correct your document accordingly.

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.

Tina D Carter  
Regulatory Specialist

Letter Number: 014A00026359

RECEIVED  
DEC 24 PM 12:03  
PARTNER  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAINLANDS MASTER ASSOCIATION, INC
2. The principal office address: 10161 49TH STREET NORTH SUITE L  
PINELLAS PARK, FLORIDA 33782
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/1992 Document number: N92000000957
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)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MOLLIE KIRHAGIS, LCAM

10161 49TH STREET NORTH SUITE L

P.O. Box NOT acceptable

PINELLAS PARK, FLORIDA 33782

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.

*Drana Massey*  
Signature of an officer or director

*Drana Massey, PRESIDENT*  
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.

*Mollie Kirhagis, LCAM*  
Signature of Registered Agent

12-22-14  
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  
CR2E045 (03/12)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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