

N9500002447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

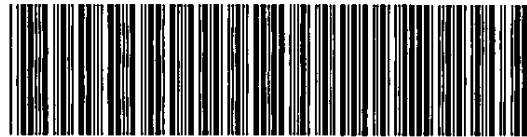
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
14 APR 18 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 24 2014
EXAMINER



Clayton & McCulloh

ATTORNEYS AT LAW
www.clayton-mcculloh.com

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Clayton & McCulloh, P. A.
Servicing 25 Counties
Respond to: Orlando Office

April 16, 2014

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Avalon Homeowners Association of Brevard County, Inc.

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC. Also enclosed please find this firm's check no. 42650 in the amount of \$35.00 for the cost of filing such Statement.

Should you have any questions or require additional information, please feel free to contact me.

Sincerely,

CLAYTON & McCULLOH

Jenny Leete
Florida Registered Paralegal
:jll

Enclosure

cc: Avalon Homeowners Association of Brevard County, Inc. (without enclosure)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.
Name of Corporation

DOCUMENT NUMBER: N95000002447

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:

JENNIFER LEETE, FRP

Name of Contact Person

CLAYTON & McCULLOH

Firm/Company

1065 MAITLAND CENTER COMMONS BLVD

Address

MAITLAND, FL 32751

City/State and Zip Code

tealina.mairs@gmail.com

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

For further information concerning this matter, please call:

JENNIFER LEETE, FRP

Name of Contact Person

at (407) 875-2655

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

1. The name of the corporation: AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.
2. The principal office address: AVALON DRIVE, ROCKLEDGE, FL 32955
3. The mailing address (if different): P.O. BOX 560912, ROCKLEDGE, FL 32956-0912
4. Date of incorporation/qualification: 05/22/1995 Document number: N95000002447
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)

JOHN M SHUFORD

1310 AVALON DRIVE

ROCKLEDGE, FL 32955

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

RUSSELL E KLEMM

1065 MAITLAND CENTER COMMONS BLVD.

P.O. Box NOT acceptable

MAITLAND, FL 32751

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.

Tealina P Mairs
Signature of an officer or director

Tealina P Mairs, 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.

[Signature]
Signature of Registered Agent

4/15/14
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)

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