N95000002605

| (Requestor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Add | dress) | | | | |
| (City | //State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bus | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate: | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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12/06/10--01016--012 **35.00



12/7/10

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: Sawgrass Plantation of Killearn Homeowners Associal | | | | | | |
|---|--|--|--|--|--|--|
| Name of Corporation | | | | | | |
| DOCUMENT NUMBER: N95000 | 0002605 | | | | | |
| 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: | | | | | | |
| Joanie Trotman Name of Contact Person | | | | | | |
| Florida Association & Property Management, Inc. | | | | | | |
| TimeComp | any | | | | | |
| 16893 Sunray Road | | | | | | |
| Address | | | | | | |
| Tallahassee, Florida 32309 City/State and Zip Code | | | | | | |
| itaataa ah Guru Haridah aa aa aa | | | | | | |
| jtrotman@myfloridahoa.com E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Joanie Trotman a | Area Code & Daytime Telephone Number | | | | | |
| 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

| statement of cha | nge is submitted for a co | rporation organized | 07.1508, or 617.1508, Flow under the laws of the Stat agent, or both, in the State | e of Florida | |
|--|--|---|---|--|--|
| | | | n of Killearn Home | owners Association, | |
| 2. The principal | office address: 16893 S | Sunray Road | | | |
| | ee, Florida 32309 | | | | |
| 3. The mailing a | ddress (if different): Pos | st Office Box 11 | 143, Tallahassee, Flo | orida 32302 | |
| 4. Date of incorp | oration/qualification: | 06/02/1995 | Document number: | N95000002605 | |
| | I street address of the current of State: (If resigned | | and registered office on fi | le with the | |
| | Robert S. Rhinehar | ત્ત | | | |
| | 644 Capital Circle | NE | | | |
| | Tallahassee, Florid | a 32301 | | SECRETAR Sed offices | |
| 6. The name and (if changed): | I street address of the new | v registered agent (if | changed) and /or registere | TECHTARSEE AND A PROPERTY OF THE PROPERTY OF T | |
| | Florida Association | & Property Mar | nagement, Inc. | — For u | |
| | 16893 Sunray Roa | | - 2.00 | ALLE SERVICE | |
| | P.O. Box NOT acceptable Tallahassee, Florida 32309 | | | | |
| The street addre | | | ress of the business office | e of its registered agent, | |
| Such change wa authorized by the | as authorized by resolutine board, or the corporat | on duly adopted by ion has been notific | its board of directors or ed in writing of the chang | by an officer so e. | |
| Jack | Le Seller re of an officer or director | | Joseph Sellers Printed or typed name | s, <u>President</u> | |
| I further agrée of my duties, an document is bei | the appointment as regi to comply with the provi ad I am familiar with and ing filed mayely to reflec s been notified in writing | sions of all statutes I accept the obligat I a change in the re | gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I | y. d complete performance istered agent. Or, if this hereby confirm that the | |
| Yau | inature of Registered Agent | | October 28 | 3, 2010 | |
| If signing on be | chalf of an entity: | | | | |
| | Joanie Trotman yped or Printed Name | | | | |

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