739431

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900270851679

03/24/15--01008--019 **35.00

15 MAR 24 PM 12: 57

SECRETARY OF STATE
TALL AHASSEF, FLORID

FILED CO

AR 2.6 2015

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Jockey Club of North Port Property Owners' Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 739431

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:

Kevin T. Wells, Esq.

Name of Contact Person

The Law Offices of Kevin T. Wells, P.A.

Firm/Company

1800 Second Street, Suite 808

Address

Sarasota, FL 34236

City/State and Zip Code

kwells@kevinwellspa.com

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

For further information concerning this matter, please call:

Kevin T. Wells, Esq.

.941 ,366-919

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 ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, wion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.	this
1. The name of	the corporation: Jockey Clu	ub of North Port Property Owners' Assoc	ciation, Inc.
		Street, Osprey, FL 34229	
3. The mailing	address (if different):		
4. Date of incorporation/qualification: Document number: 7394		Document number: 739431	
5. The name an		egistered agent and registered office on file with the	
	Stephen W. Thompso	on, Esq.	
1401 8th Ave. W			 4
	Bradenton, FL 34205		15 MAR SECRET ALLAH
6. The name an (if changed):	_	stered agent (if changed) and /or registered office	Z4 PH TARY OF ASSEE, I
	1800 Second Street,	Suite 808	I2: 58 STATE LORIC
	P.O. Box NOT acceptable Sarasota, FL 34236		A B
The street addr as changed wil	ress of its registered office and I be identical.	the street address of the business office of its register	ed agent,
Such change wauthorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so seen notified in writing of the change.)
Cate 3	Michala prosident	Catherine Z Wichols Printed or typed name and title	
I hereby accep I further agree performance o agent. Or, if it hereby confirm	t the appointment as registered to comply with the provisions f my duties, and I am familiar with the comment is being filed mer ther the corporation has been	d agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registely to reflect a change in the registered office address notified in writing of this change.	tered s, I
_	gnatuken Régislered Agent	Date	
Kevin T. W	ehalf of an entity:	,	
	Typed or Printed Name		

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