

**418991**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
HALIFAX PLANTATION, INC.**

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Electronic Filing Menu

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Help

31 JUL 16 09:11:11  
DIVISION OF CORPORATIONS  
16 JUL - 7 PM 14:22

### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HALIFAX PLANTATION, INC.

Name of Corporation

DOCUMENT NUMBER: 418991

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:

MADELYN BALLESTEROS

Name of Contact Person

CHUBB

Firm/Company

15 MOUNTAIN VIEW ROAD

Address

WARREN, NEW JERSEY 07059

City/State and Zip Code

MBALLESTEROS@CHUBB.COM

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

For further information concerning this matter, please call:

MADELYN BALLESTEROS

908

903-4826

at ( )

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

CR2B045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 607.0502, 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: HALIFAX PLANTATION, INC.
2. The principal office address: 3500 MERRITT DRIVE, ORMOND BEACH, FL 32174
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/12/1973 Document number: 418991
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)  
Koberg, MaryEllen, Esq.  
150 S. PALMETTO AVE., SUITE 300  
DAYTONA BEACH, FL 32114
6. The name and street address of the new registered agent (if changed) and /or registered office (If changed):  
C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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.

 BRANDON M. PEENE, SECRETARY  
Signature of an officer or director 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.

By:  7/7/16  
Signature of Registered Agent Date

If signing on behalf of an entity: VickiAnn Owens  
Special Assistant Secretary

\_\_\_\_\_  
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)

16 JUL - 7 PM 4:22  
DIVISION OF STATE  
CORPORATIONS