

721957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

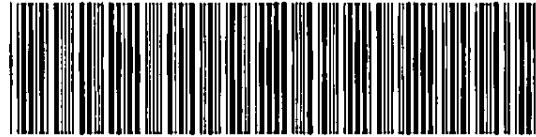
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
AND BUSINESS REGISTRATION

APR 23 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PONCE INLET CLUB SOUTH, INC.
Name of Corporation

DOCUMENT NUMBER: 721957

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:

RANDY CLARK

Name of Contact Person

Firm/Company

4799 SOUTH ATLANTIC AVE,

Address

PONCE INLET, FL 32127

City/State and Zip Code

MANAGER@PONCEINLETCLUB.COM

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

For further information concerning this matter, please call:

RANDY CLARK

Name of Contact Person

at (386) 767 - 7083

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: PONCE INLET CLUB SOUTH, INC.
2. The principal office address: 4799 SOUTH ATLANTIC AVE. UNIT# 106
PONCE INLET, FL 32127
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 721957
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)

SARAH HUTCHINSON

4799 S. ATLANTIC AVE UNIT# 106

PONCE INLET, FL 32127

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

RANDY CLARK

4799 S. ATLANTIC AVE UNIT# 106

P.O. Box NOT acceptable

PONCE INLET, FL 32127

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.

Tana Lee White
Signature of an officer or director

TANA LEE WHITE SECRETARY

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

4/8/20

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 (04/13)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA