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S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Eagle Bend Island Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 729238

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:

Lorraine Walker

Name of Contact Person

Eagle Bend Island Association, Inc.

Firm/Company

P.O. Box 26576

Address

Jacksonville, FL 32226

City/State and Zip Code

LWalker8@gmail.com

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

For further information concerning this matter, please call:

Lorraine Walker

904 \309-0475

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	ne provisions of sections 607.0302, 617.0302, 607.1308, 6. change is submitted for a corporation organized under the eder to change its registered office or registered agent, or a	laws of the State of Florida
	Eagle Pand Island Associa	•
	16070 Engle Pond Plyd	auon, mc.
2. The principal	pal office address: 16970 Eagle Bend Blvd.	
3. The mailing a	g address (if different): P.O. Box 26576	
	Jacksonville, FL 32226	
4. Date of incor	orporation/qualification: 04/03/1974 Docume	729238
	and street address of the current registered agent and regist partment of State: (If resigned, enter resigned)	tered office on file with the
	Katherine Council	
	17525 Eagle Bend Blvd, Jacksonville	e, FL 32226
	Resigned	APR T
6. The name and (if changed):	and street address of the new registered agent (if changed)	and /or registered office
	Lorraine Walker Residence: 17446 Elsinore Drive, Jackson	nville, FL 32226
	Eagle Bend Island Principal Office: 16970 Eagle Bend Blvd., Jack	sonville, FL 32226
	P.O. Box NOT acceptable	<u> </u>
	Eagle Bend Island Mail Address: P.O. Box 26576, Jackson	nville, FL 32226
The street addreas changed will	dress of its registered office and the street address of the rill be identical.	business office of its registered agent,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of the board for the corporation has been notified in writin	of directors or by an officer so ng of the change.
11/14	Presiden	t
Signatu	nature of an officer or director	rinted or typed name and title
I further agree performance of agent. Or, if th	ept the appointment as registered agent and agree to act se to comply with the provisions of all statutes relative to of my duties, and I am familiar with and accept the oblic this document is being filed merely to reflect a change in that the corporation has been notified in writing of th	o the proper and complete gation of my position as registered n the registered office address. I
Lorrais	ine Walker April 3, 2	2018
Sig	Signature of Registered Agent	Date
If signing on be	behalf of an entity:	
т	Typed or Printed Name	
•	,, · · · · · · · · · · · · · · · · · ·	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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