129425

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ru	siness Entity Nar	me)		
(Du	Siness Littly Nai	ne)		
···				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filina Officer:			
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Se Division of Co	ection rporations			
SUBJECT: Whispering Pines Club, Inc				
	Name of	Corporation	.	
DOCUMENT NUMB	ER:	729425	<u>.</u>	
The enclosed Statemen	t of Change of Registered Offic	ce/Agent and fee are submitted for	or filing.	
Please return all corres	pondence concerning this matte	er to the following:		
	-	_		
	.leanna	Moulton		
		ontact Person		
Whispering Pines Club, Inc				
		ompany		
ř	105 Ponder	osa Pines Ct		
		dress		
	n u	0.00		
	Georgetow	n FL 32139 nd Zip Code		
	City/State a	and Zip Code		
	whisperingpinesclub	26@windstream net		
E-n		future annual report notification	on)	
	(,	
For further information concerning this matter, please call:				
Jea	nna Moulton	at (386) 6	98-2672	
Name of	Contact Person	at (386) 6 Area Code & Daytime Te	elephone 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 Corpora Clifton Building 2661 Executive Cer	ations	
		Tallahassee, FL 323	801	

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid ange is submitted for a corporation organized under the laws of the State of the to change its registered office or registered agent, or both, in the State of	of Florida
1. The name of	the corporation: Whispering Pines Club, Inc. I office address: 105 Ponderosa Pines Ct, Georgetown, Fl 321	
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 4/15/1974 Document number:	729425
	d street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the
	Terry J Bland	
	139 Whispering Pines Rd	11 D
	Georgetown FI 32139	EC 2
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	70.7
	Jeanna Moulton	. et
	120 Tequesta Trail	
	P.O. Box NOT acceptable Georgetown FI 32139	
The street addr as changed will	ess of its registered office and the street address of the business office of the identical.	of its registered agent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by he board, or the corporation has been notified in writing of the change.	an officer so
Anus	Janice DiGio Printed or typed name as	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligation of my position as registing filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	complete performance ered agent. Or, if this creby confirm that the
Jum	na Mouton 12/20/20'	11
,	ehalf of an entity:	
T	Typed or Printed Name	

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