

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (110                    | questor s manne,  |             |
|                         | dress)            |             |
| DA)                     | aress)            |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
|                         |                   |             |
| - (Bu                   | siness Entity Nar | ne)         |
| (20                     | omess Emily Har   |             |
| (Do                     | cument Number)    |             |
| (50                     | cument ivamber)   |             |
| o area o                | O 177 - 11-       | 1 0 - 1     |
| Certified Copies        | _ Certificates    | s or Status |
|                         | ·                 |             |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
| <u> </u>                |                   |             |

Office Use Only

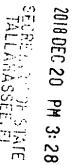


400322055244

12/23/18--01610--005 \*\*\*55.50

lacky

R WHITE JAN 0 4 2019



## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Whispering Pines Club, Inc.

729425

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:

Erum S. Kistemaker

Name of Contact Person

Chiumento, Dwyer, Hertel, Grant & Kistemaker

Firm/Company

120 E. Granada Blvd

Address

Ormond Beach, FL 32176

City/State and Zip Code

ekistemaker@legalteamforlife.com

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

For further information concerning this matter, please call:

Erum S. Kistemaker

386 310-7997
Area Code & Daytime Telephone Number

Name of Contact Person

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

| Pursuant to the   | the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fla  | orida Statutes, this     |
|---|--|--------------------------|
| in ord  | change is submitted for a corporation organized under the laws of the Sta<br>order to change its registered office or registered agent, or both, in the Stat   | te of Florida            |
|   | of the corporation: Whispering Pines Club, Inc.  | e oj i ioriaa.           |
|   | ipal office address: 105 Ponderosa Pines Court   |                          |
|   | etown, FL 32139  | <del></del>              |
| 3. The mailing  | ng address (if different): Chiumento, Dwyer, Hertel, Grant &   | Kistemaker               |
|   | Granada Blvd, Ormond Beach, FL 32176   |                          |
| 4. Date of incor  | corporation/qualification: 4/15/1974 Document number: 729  | 9425                     |
| 5. The name and   | and street address of the current registered agent and registered office on fi<br>partment of State: (If resigned, enter resigned)   | le with the              |
|   | Joan O'Connor  | 2018.<br>1018.           |
|   | 101 Pine Cone Dr.  | ZOIR DEC                 |
|   | Georgetown, FL 32139   | 20 P                     |
| 6. The name and (if changed):   | and street address of the new registered agent (if changed) and /or registered):  Chiumento, Dwyer, Hertel, Grant & Kistemaker, c/o Erum S. Kistemak   | 28                       |
|   |  | er                       |
|   | 120 E. Granada Blvd P.O. Box NOT acceptable  | <u>—</u>                 |
|   | Ormond Beach, FL 32176   |                          |
| The street address changed will l   | ress of its registered office and the street address of the business office of the identical.  | of its registered agent, |
| Such change was<br>authorized by the  | the board, or the corporation has been notified in writing of the change.  | an officer so            |
| Signature Signature   | Joan O'Connor  |                          |
| I hereby accept to<br>I hirther agree to<br>performance of n<br>agent. Or if this | Primed or typed mime and the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all stantes relative to the proper and comply with the proper and convergence and I am familiar with and accept the obligation of my positive document is being filed merely to reflect a change in the registered of that the corporation has been notified in writing of this change. | omplete                  |
| Signal  | gnature of Registered Vecon 12-10-18   |                          |
| If signing on beha  | chalf of an entity:  |                          |
| Erum S. Kist  | •  |                          |
| <del></del>   | vped or Printed Name   |                          |

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