## 733801

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300322242453

12/21/16--01307--013 \*\*05.00

18 DEC 21 PH 14: 3 REGIA LANGE OF STATE TALL AHASSEE OF GROWN

JAN 0 5 2019

S. YOUNG

## **COVER LETTER**

SUBJECT:_	Sig Tree Lakes Property Owners' Association, Inc.  Name of Corporation
	·
DOCUMEN	T NUMBER: 733801
	Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return	all correspondence concerning this matter to the following:
	James Long
	Name of Contact Person
	J&L Management of North Florida, Inc.
	Firm/Company
	10592 Balmoral Circle East, Suite# 7
	Address
	Jacksonville, FL 32218
	City/State and Zip Code
	james@jlmgmtnfl.com
	E-mail address: (to be used for future annual report notification)
	<u></u>
For further in	formation concerning this matter, please call:
_	
James	Long Name of Contact Person  at (904 ) 683-2569 Area Code & Daytime Telephon

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 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.
I. The name of the corporation: Big Tree Lakes Property Owners' Association, Inc.
2. The principal office address: 5383 Laredo St., Keystone Heights, FL 32656
3. The mailing address (if different): P.O. Box 789, Keystone Heights, FL 32656
4. Date of incorporation/qualification: 11/22/2002 Document number: 733801
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)
Baris, Brent E, Esq.
320 NE Santa Fe Blvd.
High Springs, FL 32643
High Springs, FL 32643  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  James Long/181 Management Of North Florida. Inc.
James Long/J&L Management Of North Florida, Inc.
10592 Balmmoral Circle East, Suite#7
Jacksonville, FL 32218
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.
But Signature of an officer of director By Prized of 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 of Registered Agent Date
If signing on behalf of an entity:
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 \* \* \*

CR2E045 (03/12)