

739431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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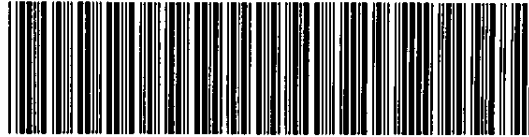
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Jockey Club of North Port Property Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 739431

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:

Kevin T. Wells, Esq.

Name of Contact Person

The Law Offices of Kevin T. Wells, P.A.

Firm/Company

1800 Second Street, Suite 808

Address

Sarasota, FL 34236

City/State and Zip Code

kwells@kevinwellspa.com

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

For further information concerning this matter, please call:

Kevin T. Wells, Esq.

Name of Contact Person

at (941) 366-9191

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**

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: Jockey Club of North Port Property Owners' Association, Inc.
2. The principal office address: 16 Church Street, Osprey, FL 34229
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 739431
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)

Stephen W. Thompson, Esq.

1401 8th Ave. West

Bradenton, FL 34205

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

The Law Offices of Kevin T. Wells, P.A.

1800 Second Street, Suite 808

P.O. Box NOT acceptable

Sarasota, FL 34236

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.

Cate Z. Nichols, President
Signature of an officer or director

Catherine Z. Nichols
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

3/19/2015
Date

If signing on behalf of an entity:

Kevin T. Wells, Esq.

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 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 24 PM 12: 58

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