743769

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SECRETARY OF SIALL ONS OIVISION OF CORPORATIONS

RA ROCHS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Fairways Condominium at Palm Coast, Inc.

Name of Corporation

DOCUMENT NUMBER:

743769

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:

Edward Ronsman, Esq.

Name of Contact Person

Jackson Law Group, LL.M., P.A.

Firm/Company

100 Whetstone Place, Suite 101

Address

St. Augustine, Florida 32086

City/State and Zip Code

eronsman@jacksonlawgroup.com

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

For further information concerning this matter, please call:

Lea Stokes

386 439-0134

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	nge is submitted for a corporation	517.0502, 607.1508 , or 617.1508 , Florida S. n organized under the laws of the State of $\frac{1}{2}$ r registered agent, or both, in the State of Fi	Florida
1. The name of t	he corporation: The Fairway	s Condominium at Palm Coast,	Inc.
2. The principal	400 =======	s Circle, Palm Coast, Florida 32	137
3. The mailing ac	ddress (if different): 100 Fair	ways Circle, Palm Coast, Florida	a 32137
4. Date of incorp	oration/qualification: 08/01/	/1978	69
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file wit resigned)	h the
	Katzman, G	Sarfinkel & Berger	_ P
	300 N. Ma	aitland Avenue	2 NO
	Maitland,	, Florida 32751	12 NOV 19 AF
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	12 NOV 19 AH O: BL
-	Jackson Law	Group, LL.M., P.A.	5 7
		e Place, Suite 101	
		Box NOT acceptable le, Florida 32086	
-	ss of its registered office and the	street address of the business office of its	
Mu 1	board, or the corporation has be corporation as be of an officer or director	dopted by its board of directors or by an of een notified in writing of the change. Printed or typed name and title	Desillent
I hereby accept to I further agree to berformance of nagent. Or, if this hereby confirm to	he appointment as registered ago o comply with the provisions of a ny duties, and I am familiar with odocument is being filed merely i hat the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and comp, and accept the obligation of my position a to reflect a change in the registered office ified in writing of this change.	lete as registered address, I
Edward	ture of Registered Agent	11-1-12 Date	<u> </u>
f signing on beh	• •	Duite	
	d Ronsman, Esq.		
190	ed or runted traine		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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