

749997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Indian River Pines Homeowners' Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 749997

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:

Chyrell Gibbs

Name of Contact Person

Secretary, Indian River Pines HOA

Firm/Company

3912 Mount Vernon Avenue

Address

Titusville, FL 32780

City/State and Zip Code

indianriverpineshoasecretary@gmail.com

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

For further information concerning this matter, please call:

Chyrell Gibbs

Name of Contact Person

at ( 321 ) 223-2887

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Indian River Pines Homeowners' Association, Inc
2. The principal office address: P. O. Box 10153  
Titusville, FL 32780
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 11/30/1979 Document number: 749997

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)

Evans, John HP. A.

1702 S. Washington Avenue

Titusville, FL 32780

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

Kristy A. Mount P.A.

1702 S. Washington Avenue

P.O. Box NOT acceptable

Titusville, FL 32780

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.

Chyrell M. Gibbs  
Signature of an officer or director

Chyrell M. Gibbs

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.*

Kristy A. Mount  
Signature of Registered Agent

December 10, 2018

Date

If signing on behalf of an entity:

Kristy A. Mount  
Typed or Printed Name

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

FILED  
DIVISION OF STATE  
CORPORATIONS  
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