## 752176

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

Office Use Only



700161690737

10/19/09--01014--003 \*\*35.00

OPOCT 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OKORY V

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: The Sugar Mil	Association, Inc.			
Name	e of Corporation			
DOCUMENT NUMBER:	752176			
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	natter to the following:			
C. Michael Wilson				
Name o	of Contact Person			
The Owner	Adib Annaistics Iss			
	Mill Association, Inc.			
Ph	The Company			
100 CI	ub House Blvd.			
Address				
New Smyrr	a Beach, FL 32168			
City/St	ate and Zip Code			
sma ns	b@yahoo.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pl	ease call:			
C. Michael Wilson	296 454 7500			
Name of Contact Person	at ( 386 ) 451-7500  Area Code & Daytime Telephone Number			
	,			
Enclosed is a \$35.00 check made payable to the I	Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporatio				
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314				

Tallahassee, FL 32301

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607. nge is submitted for a corporation organized w r to change its registered office or registered ag	nder the laws of the State of $\underline{f J}$	Florida	
1. The name of the corporation: The Sugar Mill Association, Inc.  2. The principal office address: 100 Club House Blvd., New Smyrna Beach, FL 32168				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 04/24/1980 I	Document number:	752176	
	street address of the current registered agent ar trnent of State: (If resigned, enter resigned)	nd registered office on file wi	th the	
	Robert S. Thurlow		_	
	415 Canal Street		_	
	New Smyrna Beach, FL 32168		<b>-</b> .	
6. The name and (if changed):	street address of the new registered agent (if ch	nanged) and /or registered off	FI 090CT I	
	Robert B. McEvoy		LED 9 PM 9 PM	
	100 Club House Bivd. P.O. Box NOT accepts	, , , , , , , , , , , , , , , , , , ,	PS TO	
	New Smyrna Beach, FL 32168		TATE ORIO	
The street addre	ess of its registered office and the street address be identical.	ss of the business office of it	ts registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its ne board, or the corporation has been notified	s board of directors or by an in writing of the change.	officer so	
mayent a	nn de Cisle N	Margaret A. de Lisle, V.I	o., Secretary	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agre to comply with the provisions of all statutes re d I am familiar with and accept the obligation ng filed merely to reflect a change in the regis s been notified in writing of this change.	ee to act in this capacity, clative to the proper and con n of my position as registere stered office address, I here	nplete performance d agent. Or, if this by confirm that the	
Walest	1 A MEvay	18-14-09 Date		
	nature of Registered Agent	Date		
It signing on be	half of an entity:			
T	yped or Printed Name			

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