

753615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

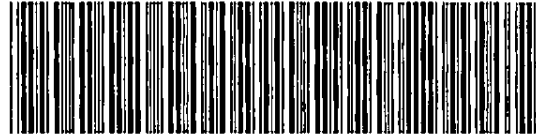
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 25 P 3 51
RECEIVED STATE
TALLAHASSEE, FLORIDA

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AUG 10 2017

AUG 29 2017

T. E. MEUN.

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S C Association, Inc
Name of Corporation

DOCUMENT NUMBER: 755615

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:

Joyce Lenette Mills

Name of Contact Person

Island Tax Service

Firm/Company

2867 Park Square Place E

Address

Fernandina Beach, FL 32034

City/State and Zip Code

j.lenette1@yahoo.com

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

For further information concerning this matter, please call:

Jack Cribbs

Name of Contact Person

at (904) 261-5302

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2017

JOYCE L MILLS
2867 PARK SQUARE PL E
FERNANDINA BEACH, FL 32034

SUBJECT: S. C. ASSOCIATION, INC.
Ref. Number: 755615

We have received your document for S. C. ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

The registered agent designated in your document is not an active fictitious name registration according to our records. Such registration is required before your document can be processed. We have enclosed an application for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 617A00016803

RECEIVED
17 AUG 25 PM 4:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

24 5 60 50

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: S. C. ASSOCIATION, INC.
2. The principal office address: 3165 S. Fletcher Avenue
Fernandina Beach, FL 32034
3. The mailing address (if different): 3165 S. Fletcher Avenue, #6
Fernandina Beach, FL 32034
4. Date of incorporation/qualification: _____ Document number: 755615
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)
Madison Property Management Solutions, LLC
3165 S. Fletcher Avenue, #6
Fernandina Beach, FL 32034

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

Joyce L. Mills

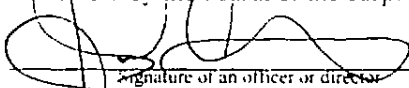
2867 Park Square Place E

P.O. Box NOT acceptable

Fernandina Beach, FL 32034

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

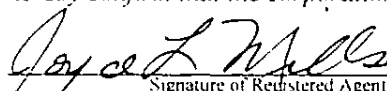
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

President

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 of Registered Agent

07/13/2017

Date

If signing on behalf of an entity:

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)

FILED
2017 AUG 25 P 3:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE