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COVER LETTER

TO: Amendment Section Division of Corporations Pine Island Homeowners Association Name of Corporation 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: John (Jack) Page Name of Contact Person Pine Island Homeowners Associati Firm/Company 719 Pine Shores Circle Address New Smyrna Beach, FL 32168 City/State and Zip Code pagejb27@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jack Page

Area Code & Daytime Telephone Number Name of Contact Person

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



December 16, 2019

JOHN (JACK) PAGE PINE ISLAND HOMEOWNERS ASSOCIATION 719 PINE SHORES CIRCLE NEW SMYRNA BEACH, FL 32168

SUBJECT: PINE ISLAND HOMEOWNERS ASSOCIATION, INC.

Ref. Number: 759512

We have received your document for PINE ISLAND HOMEOWNERS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Letter Number: 219A00025548

Diane Cushing Senior Section Administrator

www.sunbiz.org

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or regist	nized under the laws of the State of FLORIDA
1. he name of the corporation PINE ISLAND 2. he principal office address 719 PINE SHORT BEACH, FL 32168	
. he mailing address if different	
. ate of incorporationualification 08/06/1981	ocument number 759512
5. he name and street address of the current registered a Florida epartment of State - If res igned, enter resign	••
ROBERT KAVANAUG	H - RESIGNED
751 PINE SHORES	CIRCLE
NEW SMYRNA BEAL	
6. he name and street address of the new registered agen if changed	
JACK PAGE	<u> </u>
733 PINE SHORE	s Cocle on
NEW SMYRAM BEAG	Pacceptable CH, FL 32168
he street address of its registered office and the street a as changed will be identical.	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been n	d by its board of directors or by an officer so outfied in writing of the change.
Signature of an officer or filtrector	JACK PAGE
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in th corporation has been notified in writing of this change	
Signature of egistered gen 1	12/26/19
If signing on behalf of an entity PINE ISLAND HOMEOWNERS ASSOCIATE Spect or Printed ame FII F 5.00	20~
S.P. O.FO	
10 IISIO OF OPOIOS , P	P.O. 0 627, SS , F 21