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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Salt Run II Condominium Association, Inc

Name of Corporation

DOCUMENT NUMBER: / C

760496

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:

Seth D. Corneal

Name of Contact Person

The Corneal Law Firm

Firm/Company

509 Anastasia Blvd.

Address

St. Augustine, FL 32080

City/State and Zip Code

seth@corneallaw.com

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

For further information concerning this matter, please call:

Seth D. Corneal

,904

319-5333

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	the corporation: Salt Run II Condominium Association, Inc.		
2. The principal	office address: 509 Anastasia Blvd.		
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: October 19, 1981 Document number: 760496		
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)		
	Sovereign-Jacobs Property Management Companies, LLC (Resigned)		
	461 A1A Beach Blvd. 型路 了		
	St. Augustine, FL 32080 등을 유		
St. Augustine, FL 32080  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  The Corneal Law Firm			
	509 Anastasia Blvd.		
	P.O. Box NOT acceptable		
	St. Augustine, FL 32080		
_	ess of its registered office and the street address of the business office of its registered agent, be identical.  as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.		
Sympo	Corey Black, President Printed or typed name and title		
I further agree i	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the dorporation has been notified in writing of this change.		
Sife	10 - 18 - 17  nature of Registered Agent Date		
	half of an entity:		
	Seth D. Corneal		
	yped 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)