(1/4)

Page 1 of 1

Florida Department of State Division of Corporations

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(((H14000232680 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Fax Number

Phone : (850) 222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

REGISTERED AGENT CHANGE **GULF LANDINGS ASSOCIATION, INC.**

Certificate of Status	0
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10/3/2014

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October 6, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GULF LANDINGS ASSOCIATION, INC. C/O RESOURCE PROPERTY MANAGEMENT 28100 US HWY 19 NORTH SUITE 205 CLEARWATER, FL 33761US

SUBJECT: GULF LANDINGS ASSOCIATION, INC.

REF: 767234

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the date of incorporation listed on line #4. The original date of incorporation is $\frac{11-28-96}{2/62/1983}$.

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

Annette Ramsey Regulatory Specialist II FAX Aud. #: H14000232680 Letter Number: 614A00021299

RE-SUBMIT

Please reising and filing daie of submission rola

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14 OCT -6 M 3: 48
19 SERVED

P.O BOX 6327 - Tallahassec, Florida 32314

COVER LETTER

Divisio	n of Corporations	
SUBJECT: GL	JLF LANDINGS ASSOCIATION, INC.	
SOBJECT	Name of C	orporation
DOCUMENT	767234 NUMBER:	
The enclosed St	tatement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return al	l correspondence concerning this matte	r to the following:
	Diana Hernandez	
	Name of Co	ntact Person
	RealManage, LLC	
	Firm/Co	ompany
	P.O. Box 803555 Suite 150	
	Add	ress
	Dallas, TX 75380	
	City/State as	nd Zip Code
	RegisteredAgent@ciramail.com	
	E-mail address: (to be used for f	uture annual report notification)
For further info	ormation concerning this matter, please	call:
Diana Hernande	z.	972 380-3522 at ()
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$	35.00 check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Taliahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida to registered agent, or both, in the State of Florida.
1. The name of	the corporation: GULF LANDII	NGS ASSOCIATION, INC.
2. The principal	Office address: C/O RESOURC WY 19 NORTH SUITE 205, CLE	E PROPERTY MANAGEMENT
		AKWATEK, 12 33/01
4. Date of incor	poration/qualification: 03/0	2/1983 Document number: 767234
	d street address of the current reartment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	WESTERMAN WHITE ZETRO	DUER, P.A.
	146 2ND STREET N SUITE 10	
	ST. PETERSBURG, FL 33701	
6. The name and (if changed):		stered agent (if changed) and /or registered office
	C T Corporation System	LORH LOR
	c/o C T Corporation System, 12	(7)(7)
	Plantation, Florida 33324	O. Box NOT acceptable
The street address changed will	ess of its registered office and I be identical.	the street address of the business office of its registered agent,
Such change wanthorized by the	as authorized by resolution du he board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
- my	2/	Michael Jones, Vice President
I hereby accept I further agree performance of agent. Or, if th	us aocument is being juea mer	Printed of typed name and utile I agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
By:	populion Aystem	10/3/2014
	mature of Registered Agent	Date
If signing on bo	ehalf of an entity:	
Michael Jones,	Assistant Secretary	
T	Typed or Printed Name	
	***[7]	LING FEE: \$35.00 * * *

* * * 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)