

768747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

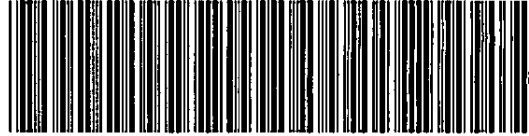
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200277583312

10/20/15--01007--012 **35.00

16-D
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
15 DEC -3 AM 7:36

DEC 4 2015
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2015

LEA STOKES / PREFERRED MANAGEMENT SERVICES, INC.
411 CENTRAL AVE SUITE B
FLAGLER BEACH, FL 32136 US

SUBJECT: CHEROKEE TRAILS PHASE II HOMEOWNERS ASSOCIATION,
INC.
Ref. Number: 768747

We have received your document for CHEROKEE TRAILS PHASE II 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):

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

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 415A00022232

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHEROKEE TRAILS PHASE II HOMEOWNERS ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: 768747

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:

LEA STOKES

Name of Contact Person

PREFERRED MANAGEMENT SERVICES INC

Firm/Company

411 CENTRAL AVE SUITE B

Address

FLAGLER BEACH FL 32136

City/State and Zip Code

ACCOUNTING@PREFERREDMANAGEMENTSERVICES.NET

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

For further information concerning this matter, please call:

LEA STOKES

Name of Contact Person

at (**386**) **439-0134**

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**

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: CHEROKEE TRAILS PHASE II HOMEOWNERS ASSOCIATION INC

2. The principal office address: 8 1/2 RISING MOON TRAIL ORMOND BEACH FL 32174

3. The mailing address (if different): 411 CENTRAL AVE SUITE B FLAGLER BEACH FL 32136

4. Date of incorporation/qualification: 06/03/1983 Document number: 768747

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)

SOTIR, KOSTANDIN

4 RISING MOON TRAIL

ORMOND BEACH FL 32174

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

PREFERRED MANAGEMENT SERVICES INC

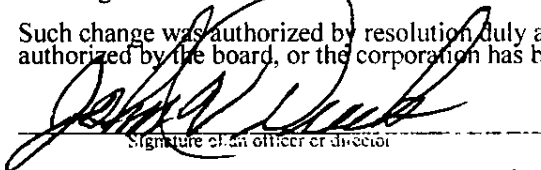
411 CENTRAL AVE SUITE B

P.O. Box NOT acceptable

FLAGLER BEACH FL 32136

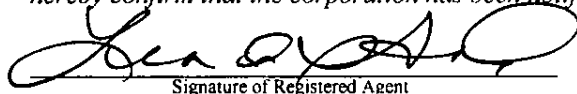
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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


Signature of an officer or director


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

10/14/15
Date

If signing on behalf of an entity:

LEA STOKES

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)

15 DEC -3 AM 7:36
DIVISION OF CORPORATIONS