## 169428

(Re	equestor's Name)	
(An	ldress)	
(, , ,	Micso,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į
		'
		'

Office Use Only



600259238346

04/28/14--01034--019 \*\*35.00

SECRETARY PESTALE

VISION OF OFFICE AND THE

MAY 0.5 2015

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Marshview Estates Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 769428

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:

Judy A Welker

Name of Contact Person

Marshview Estates Homeowners Association, Inc.

Firm/Company

34 Marshview Drive

Address

St. Augustine, FL 32080

City/State and Zip Code

thewelkers34@att.net

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

For further information concerning this matter, please call:

Judy Welker

,,904

501-8998

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, ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	this	_
·	the corporation: Marshview Estates Homeowners Association, Inc.	·•	
2. The principal	office address: 34 Marshview Drive		,
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 7/18/1983 Document number: 769428		
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	John Mountcastle		
	16 Marshview Drive		
	St. Augustine, FL 32080	_•	- C
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		14 APR 28	
	Judy A Welker	86.	
34 Marshview Drive		¥	- )뾖다 - 4일
P.O. Box NOT acceptable  St. Augustine, FL 32080		: 47	
The street address changed will	ess of its registered office and the street address of the business office of its registe be identical.	red age	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change.	o	
	Michael Slingluff, Treasurer		<u>-</u>
I hereby accept I further agree to performance of	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 regists document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	stered ss, I	
	dy a. Welker April 24, 2014		_
//	half of an entity:		
	tes Homeowners Association, Inc.		
····	ped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*