

A32901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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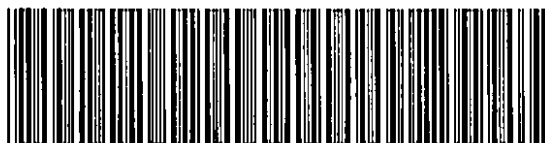
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grey Oaks Country Club LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A32901

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joy Skelton

Contact Person

Grey Oaks Country Club, Inc.

Firm/Company

2400 Grey Oaks Drive N.

Address

Naples, FL 34105

City, State and Zip Code

jskelton@greyoakscc.com

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

For further information concerning this matter, please call:

Joy Skelton

at (

239

262-5550

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Grey Oaks Country Club, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3-18-97 - A32901
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael R. Stott
Name
2400 Grey Oaks Dr. N.
Address
Naples, FL 34105
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Jones Foster Service, LLC
Name
505 South Flagler Drive Suite 1100
Florida street address (P.O. Box not acceptable)
West Palm Beach FL 33401
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature] - Director of Finance, CFO
Signature of General Partner

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 obligations of my position as registered agent.

JONES FOSTER SERVICE, LLC
[Signature] - MANAGING
Signature of Registered Agent ANN B. ALEXANDER

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FL