

A96000001713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

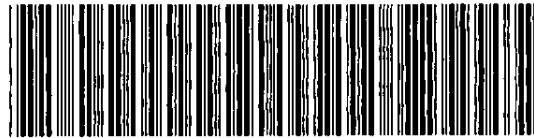
(Business Entity Name)

(Document Number)

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C. LEWIS
MAR - 4 2013
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 506217 7919530

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$35.00 sm

ORDER DATE : January 24, 2013

ORDER TIME : 1:29 PM

ORDER NO. : 506217-024

CUSTOMER NO: 7919530

CHANGE OF AGENT

NAME: OSPREY VILLAGE AT AMELIA
ISLAND, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

**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. OSPREY VILLAGE AT AMELIA ISLAND, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/17/1996 3. A96000001713
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:

Donald O. Thompson, Jr.
Name

48 Osprey Village Drive
Address

Amelia Island, FL 32034
City, State and Zip

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

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

Deb Reeves
Signature of General Partner Deb Reeves VP
on Behalf of Maxwell Group, Inc., 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.

Corporation Service Company
By: Sylvia Queppet
Signature of Registered Agent
Sylvia Queppet, Asst. VP

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

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