

05/12/17 08:44AM PDT Registered Agent Solutions, Inc. -> Florida SOS
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F090000000986

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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

2017 MAY 12 AM 11:45

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((H170001133183)))



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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : 120100000062
 Phone : (888)705-7274
 Fax Number : (888)706-7274

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

Email Address: _____

V HERRING
 MAY 15 2017

REGISTERED AGENT CHANGE
 TIMUCUA HOLDINGS LIMITED, INC.

Certificate of Status	0	03	01
Certified Copy	0	03	01
Page Count	0	03	01

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2017 MAY 12 AM 10:03

Estimated Charge \$35.00

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COVER LETTER**H17000113318 3**

TO: Amendment Section
Division of Corporations

SUBJECT: TIMUCUA HOLDINGS LIMITED, INC.

Name of Corporation

DOCUMENT NUMBER: F09000000986

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888) 705-7274

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

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**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TIMUCUA HOLDINGS LIMITED, INC.
2. The principal office address: 8840 Terrene Ct STE 102
Bonita Springs, FL 34135
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/10/2009 Document number: F09000000996
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)
AOMAC MANAGERS, INC.
8840 Terrene Ct STE 102
Bonita Springs, FL 34135
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
MAY 12 AM 10:09

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

Jonathan Moore Assistant Secretary
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

04/25/2017
Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary
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)

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