

N00 000 000 633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

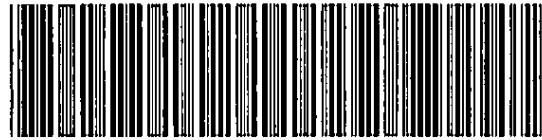
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300364366213

05/20/21--01010--030 **35.00

06/10/2021
JH

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2021 MAY 20 PM 11:18

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BIG KENNEDY LAKE - OWNERS MAINTENANCE GP, INC.
Name of Corporation

DOCUMENT NUMBER: NO0000000633

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:

PAUL VERMILLION
Name of Contact Person

BIG KENNEDY LAKE-OWNERS MAINTENANCE GROUP, INC.
Firm/Company

110 CHOCTAW CIRCLE
Address

CRESTVIEW FL 32536-9555
City/State and Zip Code

E-mail address: (to be used for future annual report notification) paulo264@cox.net

For further information concerning this matter, please call:

PAUL VERMILLION at (850) 862-4575
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: BIG KENNEDY LAKE-OWNERS MAINTENANCE GROUP, INC.
2. The principal office address: 110 CHOCTAW CIRCLE
CRESTVIEW, FL 32536-9555
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 2/1/2006 (?) Document number: N00000000633
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)

RESIGNED

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

PAUL VERMILLION

110 CHOCTAW CIRCLE

P.O. Box NOT acceptable

CRESTVIEW, FL 32536-9555

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.

Billy W. Beard
Signature of an officer or director

Billy W. BEARD
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.

Paul Vermillion
Signature of Registered Agent
PAUL VERMILLION

18 MAY 2021
Date

If signing on behalf of an entity:

N/A
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 (04/13)

2021 MAY 20 PM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL

FILED