## NOOCOONS

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ac                                     | ldress)            |             |
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| (Ci                                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Ві                                     | usiness Entity Nan | ne)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT. Cambridge Estates Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: NO0000001808

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:

James A. Long

Name of Contact Person

J&L Management of North FL, Inc

Firm/Company

10592 Balmoral Circle E Suite # 7

Address

Jacksonville, FL 32218

City/State and Zip Code

james@jlmgmtnfl.com

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

For further information concerning this matter, please call:

James Long

...904

683-2569

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



November 10, 2015

JAMES A. LONG J&L MANAGEMENT OF NORTH FL, INC. 10592 BALMORAL CIRCLE E - STE. #7 JACKSONVILLE, FL 32218

SUBJECT: CAMBRIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N0000001808

We have received your document for CAMBRIDGE ESTATES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

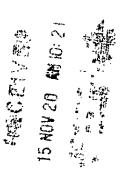
If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 315A00023820



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| •  | .0302, 6,17.0302, 607.1308, or 617.1308, Florida Statutes, this poration organized under the laws of the State of Florida  |
|--|--|
|  | office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: Cambri   | dge Estates Homeowners Association, Inc  |
| 2. The principal office address: 10592 E   |  |
| Jacksonville, FL 32218   |  |
| 3. The mailing address (if different): SAN   | ИE   |
| 4. Date of incorporation/qualification: 03   | 3/20/2000 Document number: N0000001808   |
| 5. The name and street address of the current Florida Department of State: (If resigne | ent registered agent and registered office on file with the d, enter resigned)   |
| Accounting & Fina  | ncial Strategies, LLC  |
| 2039 Soutel DR   | T SECTION T  |
| Jacksonville, FL 3   | (1) (1)  |
| 6. The name and street address of the new (if changed):                                | registered agent (if changed) and /or registered office  |
| J&L Managment of   | of North FL, Inc   |
| 10592 Balmoral C   |  |
| Jacksonville, FL 3   | P.O. Box NOT acceptable  2218  |
| The street address of its registered office as changed will be identical.              | and the street address of the business office of its registered agent,   |
| Such change was authorized by resolutio authorized by the board or the corporation     | n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.  |
| (Signature of an officer or director   | Printed or typed name and title  |
| I further agree to comply with the provision performance of my duties, and I am family | tered agent and agree to act in this capacity.<br>ions of all statutes relative to the proper and complete<br>liar with and accept the obligation of my position as registered<br>I merely to reflect a change in the registered office address, I<br>been notified in writing of this change. |
|  | 11/4/2015  |
| Signature of Registered Agent  | Date   |
| If signifing on behalf of an entity:   |  |
| James Long Typed or Printed Name   |  |
|  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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