100000003823

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





100268542311

01/26/15--01007--017 **35.00

SECRETARY OF STATE VALLAHASSEE, FLORIDA



No

COVER LETTER

SUBJI	Name of Corporation
DOCU	MENT NUMBER: N0000002823
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	James Harding
	Name of Contact Person
	Firm/Company
	66 Winghaven Ln
	Ft. Pierce, FL 34949
	City/State and Zip Code
	jim.millcreek@earthlink.net
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Jan	nes Harding at (772) 461-3664 Name of Contact Person Area Code & Daytime Telephone N
	Name of Contact Person Area Code & Daytime Telephone N

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

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

	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Southpointe at Ocean Village Homeowners Association, Inc
2. The principal	office address: % Bennett
	naven Ln, Ft. Pierce, FL 34949
3. The mailing a	address (if different): PO Box 2846
Ft. Pier	ce, FL 34949
4. Date of incor	poration/qualification: 04/25/2000 Document number: N0000002823
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Resigned
	Fanny Blumenthal
	61 Southpointe Dr. Ft. Pierce, Fl 34949
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Peter Bennett ALCA AND AND AND AND AND AND AND AND AND AN
	31 Winghaven Ln
	P.O. Box NOT acceptable Ft. Pierce, Fl 34949 Ft. Pierce, Fl 34949
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	James R. Harding, Secretaary Printed or typed name and title
I hereby accept I further agree performance of agent. Or. if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	hature of Registered Agent O1/22/15
If signing on be	chalf of an entity:
Peter Benr	nett
Т	yped or Printed Name

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