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R.A.

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COVER LETTER

TO:

Amendment Section Division of Corporations

Greenlinks Master Association, Inc.

N0000003903

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:

Wendy Murray
Name of Contact Person

Associa Gulf Coast

Firm/Company

13461 Parker Commons Blvd #101

Fort Myers, FL 33912
City/State and Zip Code

dracine@associagulfcoast.com

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

For further information concerning this matter, please call:

ianne Racine

Name of Contact Person

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

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

		02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida	
•		ered agent, or both, in the State of Florida.	
	the corporation: Greenlinks Mas		
	office address: 13461 Parker Cers, FL 33912	commons Blvd #101	
3. The mailing a		Gulf Coast, 13461 Parker Commons E _ 33912	31 ₁
4. Date of incorp	poration/qualification: 06/08/2000	Document number: N0000003903	
5. The name and		igent and registered office on file with the	
	Associa Gulf Coast		
	12650 Whitehall Drive)	7
	Fort Myers, FL 33907		AUG IU
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	
	Associa Gulf Coast		KU17. 20
	13461 Parker Commons		0
	P.O Box NOT	acceptable	
	Fort Myers, FL 33912		
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted the corporation has been not	by its board of directors or by an officer so lifted in writing of the change.	
M-	1	Scott Lovecchio, Agent Printed or typed name and title	
/ "/	the appointment as registered agent and o comply with the provisions of all state my duties, and I am familiar with and a s document is being filed merely to refle that the corporation has been notified in	d agree to act in this capacity. des relative to the proper and complete accept the obligation of my position as registered act a change in the registered office address, I writing of this change.	
	16/11	June 11, 2012	
-	nature of Registered Agent	Date	
	nalf of an entity:		
Wendy Mu			
Ту	ped or Printed Name	•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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