## N00000006990

| (Re                                     | equestor's Name)   |           |  |
|---|--------------------|-----------|--|
| (Ad                                     | ldress)            |           |  |
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| (Cir                                    | ty/State/Zip/Phone | #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
| (Bu                                     | usiness Entity Nam | e)        |  |
| (Document Number)                       |                    |           |  |
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SECRETARY OF STATE

JUL 1 4 2016

C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SILVER PINES POINTE PHASE 2 HOMEOWNERS ASSOCIATION, INC

Name of Corporation

DOCUMENT NUMBER: NOOOOOOO699

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:

Nancy Nangle

Name of Contact Person

All Coast Realty Management, LLC

Firm/Company

75 Gatlin Ave

Address

Orlando, FL 32806

City/State and Zip Code

Nancy@allcoastrm.com

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

For further information concerning this matter, please call:

Richard Littlejohn

<sub>.</sub>863 ,26

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

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

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,<br>inge is submitted for a corporation organized under the laws of the State of Florida  |   |   |
|---|--|---|---|
|   | r to change its registered office or registered agent, or both, in the State of Florida.   |   |   |
|   | the corporation: SILVER PINES POINTE PHASE 2 HOMEOWNERS ASSO   | CIATION                                 | 1, IN                                     |
| 2. The principal  | office address: 75 Gatlin Ave; Orlando, FL 32806   | <u></u>                                 | <del>,</del>                              |
| 3. The mailing a  | address (if different):  |   |   |
| 4. Date of incorp   | poration/qualification: 10/19/2000 Document number: N0000006   | 990                                     |   |
| 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   |   |   |
|   |  | 2116 JUL -8                             | 10 TO |
| <ol><li>The name and (if changed):</li></ol>  | d street address of the new registered agent (if changed) and /or registered office  | <b>16</b> - 8                           | OF CORPORAT                               |
|   | All Coast Realty Management, LLC   | A                                       |   |
|   | 75 Gatlin Ave;   |   | 발간<br>주                                   |
|   | P.O Box NOT acceptable Orlando, FL 32806   | ယ                                       |   |
| The street address changed will   | ess of its registered office and the street address of the business office of its registe be identical.  | ered agent                              | t,  |
| Such change wa  | as authorized by resolution duly adopted by its board of directors or by an officer one board, or the corporation has been notified in writing of the change.  | so                                      |   |
| /h/ Signatu   | CICHADO T. CITTLES re of an officer or director  Printed or typed name and title   | 2040                                    |   |
| I hereby accept<br>I further agree i<br>performance of<br>agent. Or, if thi<br>hereby confirm | 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 regists document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change. | istered<br>ss, I                        |   |
| Vancy   | Manuel 7/1/16 hature of Registered Agent Date  | *************************************** |   |
| If signing on be  | half of an entity:   |   |   |
| NANCY   | yped or Printed Name   |   |   |

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