

R. White:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVER PALMS COMMUNITY ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N0000000 7586

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:

WILLIAM L. PHILLIPS

Name of Contact Person

Firm/Company

418 SILVER PALMS CIR

Address

DAVENPORT, F/ 33837

City/State and Zip Code

WILL PHILLIPS @ JARRETT FORD.COM →

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

WillPhillips
@JarrettFord.com

For further information concerning this matter, please call:

WILLIAM R. PHILLIPS

Name of Contact Person

at (302) 668-7010

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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SILVER PALMS COMMUNITY ASSOCIATION, INC
2. The principal office address: 386 SILVER PALMS CIR
DAVENPORT, FL 33837
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1/21/11 Document number: NO000000 7586

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)

CHERYL STEPHENSON
386 SILVER PALMS CIR
DAVENPORT, FL 33837

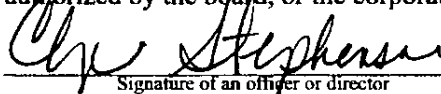
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WILLIAM R. PHILLIPS
418 SILVER PALMS CIR
DAVENPORT, FL 33837

P.O. Box NOT acceptable


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.


Signature of an officer or director

CHERYL STEPHENSON
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.


Signature of Registered Agent

08-07-2017
Date

If signing on behalf of an entity:

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 (03/12)

FILED
17 AUG 10 PM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA