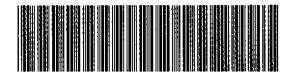


The state of the s	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
M PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	?
	Office Use Only



09/15/11--01005--018 **35.00





COVER LETTER

Division (of Corporations	
҉suвјест: <u>Н</u>	olley-King Lakes Property	Owners Association Inc
iki Mara	Name of C	Corporation
TO CHARENT N	UMBED. NOT	000001571
DOCUMENT NI		
The enclosed Stat	ement of Change of Registered Offic	e/Agent and fee are submitted for filing.
ÇPlease return all c	orrespondence concerning this matte	r to the following:
».		
	CARL	LARUE
	Name of Co	ontact Person
gytt. ₹1998.		
	Firm/C	ompany
	10150 E	AST PIKE
		dress
		•
galler on h Aller Aller	CAMBRIDG	E, OH 43725
in Albert	City/State a	nd Zip Code
	E mail address: (to be used for	future annual report notification)
	E-man address. (to be used for	nature annual report notification)
	•	•
For further inform	nation concerning this matter, please	call:
100	Carl Larue	. 740
JEAN. NE	ame of Contact Person	at (740) 439-4359 Area Code & Daytime Telephone Number
		1
Enclosed is a \$35	.00 check made payable to the Depar	tment of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	(ananassee, 1 L 32314 .	Tallahassee, FL 32301

TO:

Amendment Section

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, the ange is submitted for a corporation organized under the laws of the State of Florida	is
	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Holley-King Lakes Property Owners Association	Inc
2. The principal	office address: 580 Holley-King Road	
Defuniak S	Springs, FL 32433	
3. The mailing a	address (if different): 10150 East Pike	
Cambride	lge, OH 43725	
4. Date of incorp	poration/qualification: 03/01/2001 Document number: NO10000	01571
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Rich Floyd	4
	142 Lake Circle Drive	弱 5
	Defuniak Springs, FL 32433	克爾 王
6: The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	5
	Bradley Masters	
·** • • • •	580 Holley-King Rd	
T.	P.O. Box NOT acceptable	
	Defuniak Springs, FL 32433	
The street addre	ess of its registered office and the street address of the business office of its registere be identical.	d agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signature	Carl Larue, Owner Printed or typed name and title	
Wherehy accept	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 perfect I am familiar with and accept the obligation of my position as registered agent. Complete merely to reflect a change in the registered office address, I hereby confirm as been positived in writing of this change.	ormance or, if this that the
A A	Souther of Registered Agent	
	figure of Registered Agent Date	
Ursigning on bel	chalf of an entity:	
	Bradley Masters Sped or Printed Name	

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

MAKE CHECKS BAVABLE TO ELODIDA DEPARTMENT OF S