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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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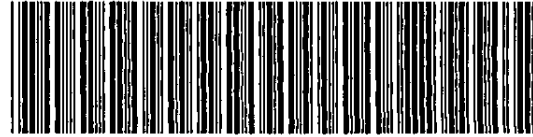
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RLO

APR 25 2013
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Grand Reserve Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: _____

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:

WAYNE SCHEINER
Name of Contact Person

the Grand Reserve Condominium Assoc. Inc
Firm/Company

13810 Sutton Park Drive North (Clubhouse)
Address

Jacksonville FL 32224
City/State and Zip Code

WSCHNEIER@tcgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAYNE SCHEINER at (904) 223-6089
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

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

1. The name of the corporation: The Grand Reserve Condominium Assoc. Inc.
2. The principal office address: 13810 Sutton Park Drive, North, (Clubhouse)
Jacksonville, FL 32224
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/24/01 Document number: Book 10012 Page 279
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)

Michael J. McCabe Esq.
McCabe Law Group PA
572 Ponte Vedra Boulevard
Ponte Vedra Beach, FL 32082

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

Christopher M. Cobb
Jameson P. Cobb, P.A.
701 Riverside Park Place - suite 302
P.O. Box NOT acceptable
Jacksonville, FL 32204

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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.

Robert Jacobs
Signature of an officer or director

Robert Jacobs President
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]
Signature of Registered Agent

4-15-2013
Date

If signing on behalf of an entity:

Christopher M. Cobb
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)