

NO1000000 3653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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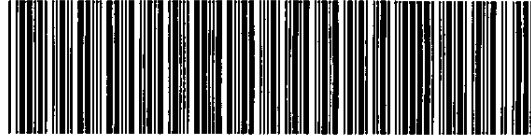
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APC

OCT 05 2016
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE GRAND RESERVE CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01000003653

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:

CHRISTOPHER M. COBB

Name of Contact Person

JIMERSON & COBB, P.A.

Firm/Company

ONE INDEPENDENT DRIVE, SUITE 1400

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

CCOBB@JIMERSONCOBB.COM

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

For further information concerning this matter, please call:

CHRISTOPHER M. COBB at **904 389-0050**

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 ASSOCIATION, INC.

2. The principal office address: 13810 SUTTON PARK DR. NORTH, ATTN: ASSOCIATION OFFICE, CLUBHOUSE, JACKSONVILLE, FL 32224

3. The mailing address (if different): 13810 SUTTON PARK DR. NORTH, ATT: CLUBHOUSE, JACKSONVILLE, FL 32224

4. Date of incorporation/qualification: 05/25/2001 Document number: N01000003653

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)

CHRISTOPHER M. COBB

701 RIVERSIDE PARK PLACE STE 302

JACKSONVILLE, FL 32204

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

CHRISTOPHER M. COBB

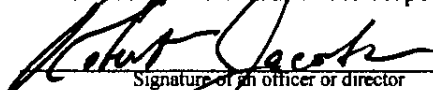
ONE INDEPENDENT DR STE 1400

P.O. Box NOT acceptable

JACKSONVILLE, FL 32202

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

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 of Registered Agent

9-26-2016
Date

If signing on behalf of an entity:

Christopher M Cobb
Typed or Printed Name

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