

**NO2000003617**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000013589 3)))



**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**  
**YOUNGERMAN CIRCLE DRAINAGE ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

12 JAN 17 AM 8:03

TALLAHASSEE, FLORIDA

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 JAN 17 PM 5:01

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

*RA Change*

*01-18-12*

*DC*

- COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: YOUNGERMAN CIRCLE DRAINAGE ASSOCIATION, INC.  
(Name of Corporation)

DOCUMENT NUMBER: N02000003617

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:

ANGELINA RAFFO

(Name of Contact Person)

AMSI

(Firm/Company)

505 S. FLAGLER DRIVE, SUITE 700

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELINA RAFFO

(Name of Contact Person)

at ( 561 ) 655-8900

(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: YOUNGERMAN CIRCLE DRAINAGE ASSOCIATION, INC.
2. The principal office address: 505 S. FLAGLER DRIVE, SUITE 700  
WEST PALM BEACH, FL 33401
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/13/2002 Document number: N02000003617
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JENNIFER L. HARDIN  
4315 PABLO OAKS COURT, SUITE 1  
JACKSONVILLE, FL 32224-9667

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

Corporation Service Company

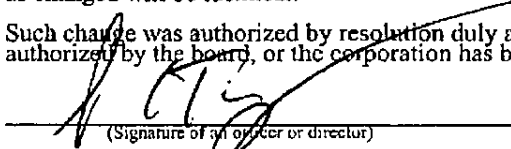
1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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)

STEVE TERRY, VP/DIRECTOR

(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.*

Corporation Service Company

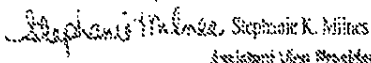
By: \_\_\_\_\_

(Signature of Registered Agent)

01/17/2012

(Date)

If signing on behalf of an entity:

  
Stephanie K. Milnes  
Assistant Vice President

\*\*\* 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 (8/05)

FILED  
12 JAN 17 PM 5:01  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS