## NO3000001328

| •  |
|--|
| (Requestor's Name)   |
| (Address)  |
| (Address)  |
| (City/State/Zip/Phone #)   |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
| (Document Number)  |
| Certified Copies Certificates of Status  |
| Special Instructions to Filing Officer:  Coruled document by sulphone can the 10/13/20 |

Office Use Only



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October 1, 2008

Reinstatement Section/Amendment Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Jardin Condominium Association II, Inc. – Doc. No. N03000001328

Dear Sir/Madam:

I am writing on behalf of my client referenced above.

Please find enclosed a Statement of Change of Registered Office or Registered Agent for this corporation, along with the filing fee of \$35.00.

Please reinstate the corporation to active status and waive any reinstatement fees as my client did not receive the notice sent by your office informing them that you did not receive a statement of change.

Please call me if you have any questions regarding this matter at 904-384-8008. Thank you for your attention to this matter.

Sincerely,

Deborah W. Taylor Attorney at Law

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Jardin Condominium Association II, Inc. (Name of Corporation)                        |
| DOCUMENT NUMBER: NO300001328  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Sdomon G. Sheiman (Name of Person)  |
| Jardin Condominium Assoc. II) Inc. (Name of Firm/Company)                                     |
| 1.0. Box 49090<br>(Address)   |
| Jacksonville Beach, FZ 32240<br>(City/State and Zip Code)                                     |
| For further information concerning this matter, please call:                                  |
| Deboah Taylor at GOH, 384-8008 (Area Code & Daytime Telephone Number)                         |
|   |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## 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: Jardin Condominium Association II, Inc.  2. The principal office address: 28 Jadin de Mer Place   |
| Jackinville Bil, Fr 32256   |
| 3. The mailing address (if different): 40 BOX 49090  Saksonsive Beach PL 32240  |
| 4. Date of incorporation/qualification: 2/17/2003 Document number: NO300000 1328  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| James W. Hart, Jr.  |
| c/o Sentry Management, Inc.   |
| 2180 West SR 434, Ste. 5000, Longwood, FL 32779   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Deborah W. Kaylor   |
| P.O. Box NOT acceptable)  |
| Jacksonville FC 32205 = 3   |
| 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.  |
| Sdomon G. Shormator President (Signature of anothicer or director)  Sdomon G. Shormator President   |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance<br>of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>document is being filed merely to reflect a change in the registered office address, I hereby confirm that the<br>corporation has been notified in writing of this change. |
| Congnature of Registered Agent)  (Date)   |
| If signing on behalf of an entity:  |
| (Typed or Printed Name)   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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