"N03000001980

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| . (Cit | ty/State/Zip/Phon | e #) | | |
| PłCK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | те) | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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RAChange Theres 12-13-11 M DEC 12 AH II: 48

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | |
|------------|--|--|--|--|--|--|
| SUBJEC | CT: Calusa Palms Master Association, Inc. Name of Corporation | | | | | |
| DOCUN | MENT NUMBER: N0300001980 | | | | | |
| The encl | osed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| Please re | eturn all correspondence concerning this matter to the following: | | | | | |
| | PAULA R. SMITH | | | | | |
| | Name of Contact Person | | | | | |
| | J BROOKS & ASSOCIATES, INC. | | | | | |
| | Firm/Company | | | | | |
| | 17041 ALICO COMMERCE COURT, #1 Address | | | | | |
| | FORT MYERS, FL 33967 City/State and Zip Code | | | | | |
| · | PAULA-SMITH@JBROOKSAI.COM E-mail address: (to be used for future annual report notification) | | | | | |
| For furth | ner information concerning this matter, please call: | | | | | |
| | PAULA R. SMITH at (239) 313-7129 Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Enclosed | l is a \$35.00 check made payable to the Department of State. | | | | | |

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | e provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz ler to change its registered office or register | ed under the laws of the Stat | _{e of} _Florida | | | |
|---|---|--|---|--|--|--|
| 1. The name of | the corporation: Calusa Palms Mas | ster Association, Inc | | | | |
| 2. The principa | l office address: 17041 Alico Commerc | ce Court, #1 | | | | |
| | Fort Myers, FL 33967 | , | | | | |
| 3. The mailing | address (if different): | | | | | |
| 4. Date of incor | rporation/qualification: $3/6/03$ | Document number: | N03000001980 | | | |
| 5. The name an | id street address of the current registered age artment of State: (If resigned, enter resigned) | ent and registered office on fi | | | | |
| | Steven Mackesy | | | | | |
| | 711 Tarpon Bay Road | | | | | |
| | Fort Myers, FL 33907 | | #SA | | | |
| 6. The name an (if changed): | nd street address of the new registered agent | (if changed) and /or registere | ed office Para T | | | |
| | Jerry D. Brooks | | 2 2 | | | |
| | 17041 Alico Commerce Court, #1 | | - MII: 68 | | | |
| | P.O. Box NOT acceptable | | | | | |
| | Fort Myers, FL 33967 | | | | | |
| The street addras changed wil | ss of its registered office and the street ac | ddress of the business office | e of its registered agent, | | | |
| Such change w authorized by t | vas authorized by resolution duly adopted the board, or the corporation has been noti | by its board of directors or lifted in writing of the chang | by an officer so e. | | | |
| Awn | are of a fortified districtor | S. W. Grinted in Word name | A Thonsulat | | | |
| I hereby accep. I further agree of my duties, and document is be corporation ha | t the appointment as registered agent and to comply with the provisions of all statut and accept the obligation filed merely to reflect a change in the as been notified in writing of this change. | agree to act in this capacit es relative to the proper an ation of my position as regi registered office address, I | y d complete performance stered agent. Or, if this hereby confirm that the | | | |
| Sig | gnature of Registered Agent | Date | | | | |
| If signing on be | ehalf of an entity: | | | | | |
| JERRY | | | | | | |
| 7.1 | Typed or Printed Name | | | | | |

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