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(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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2018 OCT - 1 PM 4: 14 SECRETARY OF STATE

C. GOLDEN 007 - 3 2010

COVER LETTER

TO: Amendment Section Division of Corporations					
The Landings at Belle Rive Condominium Association, Inc SUBJECT:					
Name of Corporation					
DOCUMENT NUMBER: N0300002315					
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:					
Patricia A. Mallard					
Name of Contact Person					
Duval Reatly, Inc.					
Firm/Company					
2980 Hartley Road, Suite 2					
Address					
Jacksonville, FL 32257					
City/State and Zip Code					
Pat@DuvalRealtyInc.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Patricia A. Mallard Name of Contact Person Name of Contact Person at (904) 367-1818 Area Code & Daytime Telephone Number					
Mea Code & Dayunie Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations Division of Corporations Characteristics					
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ar to change its registered office or registe	nized under the laws of the State o	of <u>Florida</u>	
1. The name of	the corporation: The Landings at E	Belle Rive Condominium	m Association, Inc	
	office address: 2980 Hartley Roaville, FL 32257	a, Suite 2		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 03/13/2003	Document number: N03	000002315	
	d street address of the current registered a rtment of State; (If resigned, enter resigne	-	with the	
	Thomas M. Jenks		201	
	225 Water Street, #1750			
	Jacksonville, FL 32202		AHAR I	
6. The name an (if changed):	d street address of the new registered agei	nt (if changed) and /or registered	2018 OCT -1 PH 4: 1	
	Duval Realty, Inc.			
	2980 Hartley Road, Suite 2			
	Jacksonville, FL 32257	acceptable	<u> </u>	
The street addr	ess of its registered office and the street be identical.	address of the business office of	fits registered agent,	
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by a tiffed in writing of the change.	an officer so	
Signati	are of an office or director	President Printed or typed name and	Tiile	
I further agree performance of agent . Or , if th	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is doctonent is being filed merely to refle that the corporation has been notified in	utes relative to the proper and cocept the obligation of my posit, ect a change in the registered of	omplete ion as registered fice address, l	
My	ella &	September 27, 2018		
	mature of Registered Agent	Date		
Patricia A.	chall of an entity:			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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