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SECRETARY OF STATE SHOWS OF CHRESCHALLOW

C. LEWIS

AUG 5 2014

FOR AMINER

COVER LETTER

Division of Corporations
SUBJECT: EMELAND BLEEZE HOMEOWNER'S ASSOC. Name of Corporation
DOCUMENT NUMBER: N Ø3 ØØØØ 338
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence co-ncerning this matter to the following:
DAVID BAKER-HARGROVE Name of Contact Person EMERIND BREEZE HOA Firm/Company 815 EMERIND LN Address ONLANDD, I-C 32801 City/State and Zip Code david Dardavid baker hargrove.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (40 7) 963-5769 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made p:ayable to the Department of State.

Mailing Acidress: 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

TO:

Amendment Section

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

statement of char	provisions of sections of age is submitted for a	corporatio	n organiz	zed under	the laws	of the State of	·	<u> </u>
in order	to change its regis ter	ed office of	r register	red agent,	or both,	in the State of	Florid	a.
1. The name of the	he corporation:	EMERA	ND	BREE :	ZE HO	MEOWNER'S	As.	soc,
2. The principal	office address:	815	Emen	CALD.	LN	URL ANDO	, FL	32801
3. The mailing ac	ddress (if different)::	. ک	AmĒ				•	
4. Date of incorp	oration/qualification:	4/10	12003	Doc	ument ni	ımber:/	630	DDDD 3381
	street address of the comment of State: (If resign				egistered	office on file v	with the	e
-	Jame	ES 7.	SANDE	ERS, 1	71		=.	
								- 3
6. The name and (if changed):	street address of the n	new register	red agent	t (if chang	ged) and	or registered o	ffice	14 JUL 22 PM 1:
		DAVID	BAKE	e- Ha	RGLOV	<u> </u>		2 Pl
	8	15 Em	ear)	LN	<u> </u>		_	4 1: 20
		P.O. IRLAND	Box NOT	acceptable				20
The street address as changed will I	ss of its registered off be identical.			•			ts regi	stered agent,
	s anthorized by rescolu							
	e of an officer or director		_		DAV	BAKER- or typed name and ti	- <i>H</i> 44.	RGROVÉ
	the appointment as re o comply with the poro my duties, and I and fo is document is beined that the corporations is	gistered as visions of miliar wit iled merely as been no	gent and all statut h, and ac v to refle otified in	agree to tes relative cept the ct a chan writing (act in the ve to the obligation of this ch	is capacity. proper and cor w. of my position registered offi ange.	mplete m as ra ice ada	egistered Iress, I
M	agere of Resistered Agent		_			1/19/201	4	
If signing on beh						t parc.		
	BAKER-HAREBLD	VÉ						
	ped or Printed Name		_					

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