

NO3000008223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

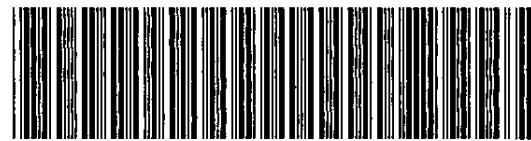
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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12/17/2012
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Black Creek at Eagle Harbor Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: N03000008223

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:

THERESA GRAESER
Name of Contact Person

PARACLETE SERVICES LLC
Firm/Company

1880 EAST WEST PKWY #9806
Address

FLEMING ISLAND FL 32006
City/State and Zip Code

tgraeser@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA GRAESER at (904) 278-0616
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLACK CREEK AT EAGLE HARBOR ASSOC., INC.
2. The principal office address: 1880 EAST WEST PKWY #9797
FLEMING ISLAND FL 32006
3. The mailing address (if different): P. O. Box 9797
FLEMING ISLAND FL 32006
4. Date of incorporation/qualification: Sept 23, 2003 Document number: NO 3000008223
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LELAND MANAGEMENT INC

6972 LAKE Gloriz Rlvs

ORLANDO FL 32809-3200

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

TERESA GRAESER, CMCA, AMS

PARACLETE SERVICES LLC

1880 EAST WEST PARKWAY #9806

P.O. Box NOT acceptable

FLEMING ISLAND FL 32006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Chery Remley
Signature of an officer or director

Chery Remley,
PRESIDENT PCA
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.

Teresa Graeser
Signature of Registered Agent

12-10-12
Date

If signing on behalf of an entity:

TERESA GRAESER
Typed or Printed Name

*** 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 (03/12)