

NO 300008223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA  
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S. J. 12/18/12

**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: NO3000008223
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 GLORIA BLVD  
ORLANDO FL 32809-3200

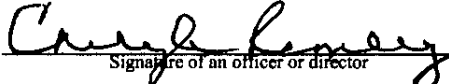
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

THERESA GRAESER, CMCA, AMS  
PARACLETE SERVICES LLC  
1880 EAST WEST PARKWAY #9806  
P.O. Box NOT acceptable  
FLEMING ISLAND FL 32006

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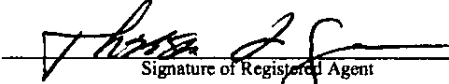
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

CHERYL REMLEY,  
PRESIDENT BCA  
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.

  
Signature of Registered Agent

12.10.12  
Date

If signing on behalf of an entity:

THERESA GRAESER  
Typed or Printed Name

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