

✓ 040000000354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

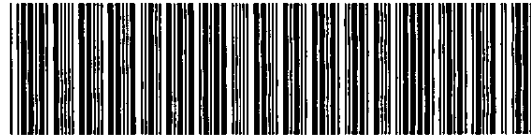
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution removed and
PLA chg. accepted w/o fee
JFM 11/12/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKE'S AT SHELL POINT HOA
Name of Corporation

DOCUMENT NUMBER: NO4000000.354

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:

William A. McARTHUR
Name of Contact Person

NG WADE INVESTMENT CO
Firm/Company

569 EDGEWOOD AVE S
Address

JACKSONVILLE, FL 32205
City/State and Zip Code

SMcARTHUR@NGWIC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William A. McARTHUR at (904) 388-3561
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKE AT SHELL POINT Homeowners Association, Inc.
2. The principal office address: 569 EDGEWOOD AVE S
JACKSONVILLE, FL 32205
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/13/2004 Document number: NO4060000354
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)

RESIGNED

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

William A. McARTHUR
569 EDGEWOOD AVE S
JACKSONVILLE, FL 32205

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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.

X William A. McArthur
Signature of an officer or director

William A. McARTHUR
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.

X William A. McArthur
Signature of Registered Agent

11-4-13
Date

If signing on behalf of an entity:

William A. McARTHUR
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)