

N04000004765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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200416576752

RA & RD Change

10/05/23--01033--002 \*\*35.00

FILED  
2023 OCT -5 PM 12 52  
CLERK OF DISTRICT COURT  
JANUARY 18, 2023

A. RAMSEY  
OCT 18 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARCUS PLACE OWNERS ASSOCIATION  
Name of Corporation

**DOCUMENT NUMBER:** N04000004765

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:

Judy Howe

Name of Contact Person

Marcus Place Owners Association

Firm/Company

2993 Oak Pointe Dr

Address

Pensacola, FL 32505

City/State and Zip Code

E-mail address: (to be used for future annual report notification) daehow@cox.net mylvideo teacher@gmail.com JH

For further information concerning this matter, please call:

Judy Howe

Name of Contact Person

at (850) ~~298-1080~~ 497-8005 JH  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Marcus Place Owners Association
2. The principal office address: 2993 Oak Pointe Dr., Pensacola, FL 32505
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/12/2004 Document number: N04000004765
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)

Annette Smith, Resigned

2989 Oak Pointe Dr.

Pensacola, FL 32505

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

Judy Howe


2993 Oak Pointe Dr.

P.O. Box NOT acceptable

Pensacola, FL 32505

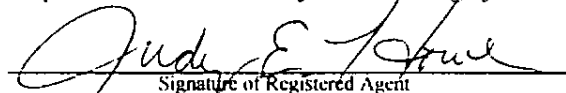
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Guy R. Abbate, Jr., President  
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

9/14/23  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)