## N040000/0700

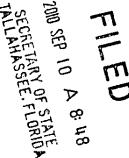
(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	<del>; #)</del>				
PICK-UP	☐ WAIT	☐ MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



600184825256

09/10/10--01040--001 \*\*630.00



190 Change Tleurs 9-13-10

## **COVER LETTER**

	mendment Section ivision of Corporations						
SUBJEC	T: Riverside at Chipola Commu Name of Cor	unity Association, Inc.					
DOCUMI	ENT NUMBER: N040	00010700					
The enclos	sed Statement of Change of Registered Office/	Agent and fee are submitted for filing.					
Please reti	urn all correspondence concerning this matter t	o the following:					
	Lynne Lewis, Legal Dep	partment Coordinator					
	Name of Contact Person						
	The St. Joe (						
	1 mile con	ipany					
	133 South WaterS	Sound Parkway					
	Addre						
	WaterSound, FI	orida 32413					
City/State and Zip Code							
	E-mail address: (to be used for fut	ure annual report notification)					
For furthe	r information concerning this matter, please ca	II:					
	Lynno Louis	904					
	Lynne Lewis Name of Contact Person	at (					
		. ,					
Enclosed	is a \$35.00 check made payable to the Departm	ent of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stat	te of Florida
			U	•
			a Community Asso	
2. The principal	office address: 133 So	uth WaterSound	d Parkway, WaterSou	ind, Florida 32413
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification:	11/15/2004	_ Document number:	N04000010700
	I street address of the cur tment of State: (If resign		t and registered office on f	file with the
	The St. Joe Comp	any		
	245 Riverside Ave	nue, Suite 500		TARCE TO SECOND
	Jacksonville, FL 3	2202		一部一
6. The name and (if changed):	street address of the new	w registered agent (i	f changed) and /or register	red office F. F. S. 8.
	The St. Joe Comp	any		- PRIE 18
	133 South WaterS			<b>y</b>
		P.O. Box NOT acc	ceptable	
	WaterSound, FL 3	32413		<del></del>
The street addre as changed will	ess of its registered office be identical.	ee and the street add	lress of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	vits board of directors or ed in writing of the chang	by an officer so ge.
MVV	re of amollicer or director		Melissa Hornsby	y, D-Secretary
I further agree l of my duties, an document is bei	the appointment as ree	isions of all statutes d accept the obliga et a change in the re	gree to act in this canacit	
THE ST. JOE	E COMPANY		August 17, 2010	0
Sig /	nature of Registered Agent		Date	
717//	half of an entity:			
By / 1				
/ 1 '	yp <b>g</b> grPiend Name Estate Counsel *	* * FII INC FFF.	\$35 AA * * *	
& Assistan	it Secretary MAKE CHECKS I	PAYABLE TO FLORI	DA DEPARTMENT OF STA	
M.	AIL TO: DIVISION OF CO	P.O. P.O.	BOX 6327, TALLAHASSE	E, FL 32314

CR2E045 (8/05)