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C. GOLDEN JUL 2 3 2018

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: The Ridge at Velda Dairy

Name of Corporation

N04000011858 **DOCUMENT NUMBER:**

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:

Danny Hayes	
Name of Contact Person	
Kirby Management Group	
Firm/Company	
3968 N. Monroe St.	
Address	
Tallahassee, FL 32303	
City/State and Zip Code	
kirbymanager@gmail.com	
E-mail address: (to be used for future annual report noti	fication

For further information concerning this matter, please call:

Danny Hayes	
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Name of Contact Person

850 562-8708 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

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2018

DANNY HAYES 3968 N. MONROE STREET TALLAHASSEE, FL 32303

SUBJECT: THE RIDGE AT VELDA DAIRY HOMEOWNERS' ASSOCIATION, INC. Ref. Number: N04000011858

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 318A00014091

RECEIVED 18 JUL 19 PK 2: 4.0 SECREASE OF 12: 4.0

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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.

	The Ridge at Velda al office address: 3968 N. Monroe St. Ssee, FL 32303	Dairy Yomeow	Nevs L	Issociation Inc
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 5/26/05	Document number: <u>N(</u>	040000118	58
	nd street address of the current registered agen artment of State: (If resigned, enter resigned)	t and registered office on	file with the	
	Lewis Association Property Mg	jmt		
	7113 Beech Ridge Trail Suite	2		
	Tallahassee, FL 32312-5045			2018 J
6. The name ar (if changed)	nd street address of the new registered agent (i	f changed) and /or register	AHASSE	
	Kirby Management Group LL	C		
	3968 N. Monroe St.		FLORID	F 1 :0
	P.O Box NOT acco Tallahassee, FL 32303	ptable	-	

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.

ignature of an officer or director

- licusage or typed name and title

Date

1

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

06/26/18

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 (03/12)