

N05000002023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

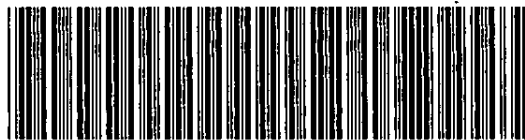
(Business Entity Name)

(Document Number)

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REGISTRATION SERVICE DIVISION  
MICHIGAN DEPARTMENT OF TREASURY

PA  
Change

12-10-12

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Palms of Perdido Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000002023

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:

Shawn Millard  
Name of Contact Person

Perdido Sand Realty, Inc.  
Firm/Company

5615 Bauer Rd.  
Address

Pensacola, FL 32507  
City/State and Zip Code

shawn@perdidosand.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Millard at ( 850 ) 492-2000  
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: The Palms of Perdido Owners' Association, Inc.
2. The principal office address: 5615 Bauer Rd. Pensacola, FL 32507
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/21/2005 Document number: N05000002023
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)

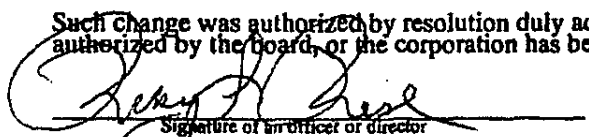
POINTE SOUTH ASSOCIATION MANAGEMENT  
13587 PERDIDO KEY DR  
PENSACOLA FL 32507

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Perdido Sand Realty, Inc.  
5615 Bauer Rd  
P.O. Box NOT acceptable  
Pensacola, FL 32507

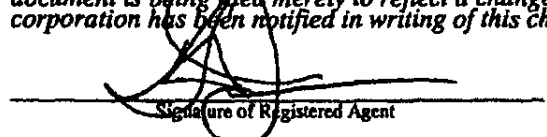
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Ricky L. Rose 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

3 DEC 2012  
Date

If signing on behalf of an entity:

T. S. JOHNSON  
Typed or Printed Name

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