

N05000002391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2018

\*\*\*\*OLD NORTH STATE TRUST, LLC\*\*\*\*

P. O. BOX 1380  
GREENSBORO, NC 27402-1380

SUBJECT: PLANTATION VILLAGE TOWNHOUSE ASSOCIA COMMUNITY  
MANAGEMENT CONCEPT (JAX)  
Ref. Number: W18000090545

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Our records show no entity by this name.

NO DOCUMENT WAS RECEIVED. WE ARE RETURNING YOUR CHECK.  
PLEASE PROVIDE THE DOCUMENT NUMBER WHEN YOU RETURN YOUR  
DOCUMENT AND CHECK TO BE FILED.

If you have any questions concerning this matter, please either respond in writing  
or call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 118A00021307

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Plantation Village Townhouse Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: NO5000002391

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:

Margyita Saunders  
Name of Contact Person

Community Management Concepts of Tax, Inc  
Firm/Company

7400 Baymeadows Way 317  
Address

Jacksonville FL 32256  
City/State and Zip Code

Margyita.Saunders@CMCTaxFLa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margyita Saunders at ( 904 ) 448-3637  
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: Plantation Village Townhouse Association, Inc.
2. The principal office address: 7400 Baymeadows Way Suite 317  
Jacksonville, FL 32256
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 1, 2018 Document number: NO500002391

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)

Property Management Systems Inc  
463499 State Rd 200  
Yulee, FL 32097

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

Community Management Concepts of Jacksonville  
7400 Baymeadows Way Suite 317  
PO Box NOT acceptable  
Jacksonville, FL 32256

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.

Buindry  
Signature of an officer or director  
Board member

Berrin Domiray  
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, hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

9-20-18  
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 (03/12)

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