N05000004334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 11 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Preserve at Federal Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: N05000004324

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:

Marquita Saunders
Name of Contact Person

Community Management Consultants, Inc
Firm/Company

7400 Baymeadows Way, 317
Address

Jacksonville, FL 32256
City/State and Zip Code

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

For further information concerning this matter, please call:

Marquita Saunders at (904) 448-3617
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

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 Preserve at Ponte Vedra Condominium 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: October 1982 Document number: N05000004324

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)

May Management Services
5455 A1A S
St Augustine, FL 32080

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
P.O. Box NOT acceptable
Jacksonville, FL 32256

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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

JULIO ASTORGA / TREASURER
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

10-4-18
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)