Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000192547 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MILAM HOWARD, ET.AL.

Account Number : I20000000206

Phone : (904)357-3660

Fax Number : (904)357-3661

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

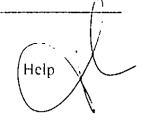
Email Address: RA@MHCorpServices.com

REGISTERED AGENT CHANGE SUMMER HOUSE IN OLD PONTE VEDRA CONDOMINIUM ASSOCIAT

> Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu



2024 HAY 31 AM 9: 20

COVER LETTER

Name of Contact Person	Area Co	de & Daytime Teleph	one Number
Shannon Kolacz	at ()285-4200	
For further information concerning this matter, please	e call:		
E-mail address: (to be used for future annual repo	ort notification)		
Shannon.Kolacz@fsresidential.com			
City/State and Zip Code			
Ponte Vedra Beach FI 32082			<u>.</u>
Address			:
700 Ocean Place			
Firm/Company			
Summer House in Old Ponte Vedra Condominium Associ	aiton		, 2
Name of Contact Person			
Shannon Kolacz			
Please return all correspondence concerning this mat	ter to the following	ng;	
The enclosed Statement of Change of Registered Off	-		ing.
	<u> </u>		
NO CULTURE TO THE PROPERTY OF			
Name of Corporation			
SUBJECT: Summer House in Old Ponte Vedra Condom	inium Association		
Division of Corporations			
TO: Amendment Section Division of Corporations			

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statut inge is submitted for a corporation organized under the laws of the State of Florid ir to change its registered office or registered agent, or both, in the State of Florid	la .	
	the corporation: Summer House in Old Ponte Vedra Condominum Association, Inc.	21,	
2. The principal	office address: 700 Ocean Place Ponte Vedra Beach FL 32082		
3. The mailing a	iddress (if different):		<u> </u>
4. Date of incorp	poration/qualification: 07/25/2005 Document number: N05000007623	}	
5. The name and	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)		
	Cherneski John C W	- i	202 ^L
	14 East Bay St	<u>.</u>	2024 HAY 3
	Jacksonville Fl 32202	-,- -	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		F.ASEGE, FL	AM 9: 20
	MH Corporate Services, Inc	اعراب ا	20
	14 East Bay St		
	P.O. Box NOT acceptable		
	Jacksonville Fl 32202		
The street address changed will	ess of its registered office and the street address of the business office of its registered.	istered ag	ent,
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an offic- board, or the corporation has been notified in writing of the change.	er so	
Signatur	Sucon James Callery, Pre	siden	-
I hereby accept I further agree I of my duties, an document is bel corpolation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered age ng filed merely to reflect a change in the registered office address, I hereby con been notified in writing of this change.	perform nt. Or if ifirm that	ance this the
	Taylord Kegistered Agent Date	4	_
If signing on be	half of an entity: / i (an d/i) is c/o (pped or Printed Name		