

N060000000644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
1/10/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jeremy's Glen Owners Association Inc.
Name of Corporation

DOCUMENT NUMBER: N06000000644

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:

Kristie Calhoun
Name of Contact Person

Jeremy's Glen Owners Association Inc.
Firm/Company

P.O. Box 8397
Address

Fleming Island, FL 32003
City/State and Zip Code

Klcalhoun45@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristie Calhoun at (904) 449-6863
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: Jeremy's Glen Owner's Association Inc.
2. The principal office address: 3108 Michelle Court
Green Cove Springs FL 32043
3. The mailing address (if different): P.O. Box 8397
Fleming Island FL 32003
4. Date of incorporation/qualification: 1/20/06 Document number: N06000000644
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)

John Newell
3108 Michelle Court
Green Cove Springs FL 32043

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

Kristie Calhoun
3023 Jeremy's Dr.
P.O. Box NOT acceptable
Green Cove Springs FL 32043

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.

Kristie Calhoun, Pres.
Signature of an officer or director

Kristie Calhoun, 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.

Kristie Calhoun
Signature of Registered Agent

12/9/13
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)