

NDP0000003009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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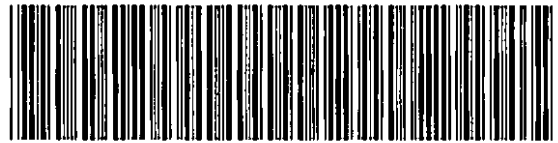
(Business Entity Name)

(Document Number)

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FILED
18 AUG 24 PM 3:35
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

AUG 24 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2018

MARQUITA SAUNDERS
7400 BAYMEADOWS WAY STE 317
JACKSONVILLE, FL 32256

SUBJECT: WYNNFIELD LAKES ASSOCIATION, INC.
Ref. Number: N06000003069

We have received your document for WYNNFIELD LAKES ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

KINGDOM MANAGEMENT IS NOT LISTED AS CURRENT REGISTERED AGENT

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 718A00016900

RECEIVED
18 AUG 24 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wynnfield Lakes Association, Inc
Name of Corporation

DOCUMENT NUMBER: NO6000003069

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:

Margvita Saunders
Name of Contact Person

Community Management Concepts of Jacksonville
Firm/Company

7400 Baymeadows way Suite 317
Address

Jacksonville FL 32256
City/State and Zip Code

Margvita Saunders @ CMC Jax Fla. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margvita Saunder at (904) 448-3037
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: Wynfield Lake Association, Inc
2. The principal office address: 7400 Baymeadows Way Suite 317
3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 1, 2018 Document number: NO 0000003069
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)

Kingdom Management - Sherrie Jarnutow
12620 Beach Blvd Suite 301
Jacksonville FL 32246

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

FILED
JUL 24 PM 3:55
TALLAHASSEE, FLORIDA

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

Luis Diaz-Rodriguez
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

Date

If signing on behalf of an entity:

Luis J. Diaz Board President
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)