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C. GOLDEN

DEC 1 4 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

River Colony Owners Association, Inc

Name of Corporation

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:

**Dennis Caire** 

Name of Contact Person

Gumbeaux Group, LLC

Firm/Company

13840 River Road Suite 201

Address

Pensacola, FL 32507

City/State and Zip Code

rivercolonyperdido@cox.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dennis Caire** 

Name of Contact Person

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

statement of change	is submitted for a corporation org	502, 607.1508, or 617.1508, Florida anized under the laws of the State of	Florida	ıis	
		istered agent, or both, in the State of	Florida.		
1. The name of the c	orporation: River Colony Ow	ners Association, inc.			
2. The principal office	ce address: 13840 River Roa	ad, pensacola, Fl 32507	<u></u>		
3. The mailing addre	ess (if different):				
4. Date of incorporat	ion/qualification: 05/05/2006	Document number: N060	0000519	93	
	eet address of the current registered at of State: (If resigned, enter resigned,	d agent and registered office on file water	vith the		
Re	signed				
<del></del>	Wes, Kemp 13840 RIVER RO	 ΟΔD	Teg. ;	25	
	PENSACOLA, F		 		
			-	Ť	4
6. The name and stre (if changed):	ect address of the new registered ag	gent (if changed) and /or registered o	ffice :	DEC 13 PH 1: 06	7.77
	The Gumbeaux Group, LLC	;		••	
13	840 River Road			<u>Q</u>	
		OT acceptable	•		
Pe	nsacola, FL 32507		-		
The street address o	f its registered office and the streed dentical.	et address of the business office of i	ts registere	d agen	ìt,
Such change was au authorized by the bo	thorized by resolution duly adopt pard, or the corporation has been i	ed by its board of directors or by an notified in writing of the change.	officer so		
Va	el Cro	Dennis Caire		•	
· '^	in afficer or director	Printed or typed name and ti	ile		
I further agree to co performance of my c agent. Or, if this do	luties, and I am familiar with and	atutes relative to the proper and con l accept the obligation of my position effect a change in the registered offic	n as registe	ered I	
V and	al an	12/10/2017			
Signature	of Registered Agent	Date	<del></del>		
If signing on behalf	of an entity:				
Dennis Caire					

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State

Typed or Printed Name