

NO 0600000 6414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

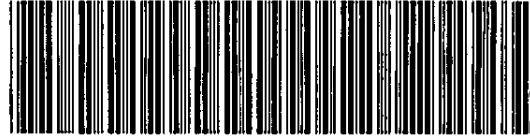
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amelia Walk Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000006414

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:

Sheli Moran

Name of Contact Person

Evergreen Lifestyles Management

Firm/Company

10401 Deerwood Park Blvd. Suite 2130

Address

Jacksonville, FL 32256

City/State and Zip Code

Smoran@Evergreen-LM.com

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

For further information concerning this matter, please call:

Sheli Moran

Name of Contact Person

at (877) 221-6919

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: Amelia Walk Homeowners Association, Inc.
2. The principal office address: 10401 Deerwood Park Blvd., Suite 2130
Jacksonville, Florida 32256
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/14/2006 Document number: N06000006414

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)

LELAND MANAGEMENT, INC. (Resigned)

6972 LAKE GLORIA BLVD

ORLANDO, FL 32809-3200

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

Evergreen Lifestyles Management

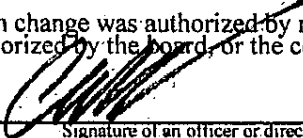
10401 Deewood Park Blvd., Suite 2130

P.O. Box NOT acceptable

Jacksonville, Florida 32256

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

Christian W. Kuhn, 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.


Signature of Registered Agent

1/18/16
Date

If signing on behalf of an entity:

Sheli Moran as Agent

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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