

NO6000006424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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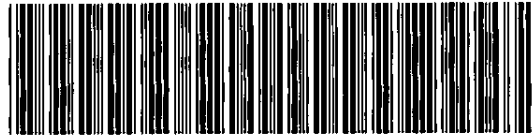
(Business Entity Name)

(Document Number)

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08 NOV -7 PM 1:18
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

R.A. Chang
C.COULLIETTE

NOV 07 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pebble Brooke Subdivision Homeowners Assoc. Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO 16 000006424

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:

Robert Rhinehart
(Name of Contact Person)

Executive Mgmt Services
(Firm/Company)

PO Box 13089
(Address)

Tall FL 32307
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Smith at (850) 878 3134
(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: PEBBLE BROOKE Subdivision HOMEOWNERS Association IN
2. The principal office address: 644 CAPITAL Circle NE
Tallahassee FL 32301
3. The mailing address (if different): PO Box 13089
TLH FL 32317
4. Date of incorporation/qualification: 6/14/06 Document number: ND6100006424
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)

Jim Bennett
3402 Apalachee Parkway
TLH FL 32311

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

Robert S Rhinehart CAM
644 Capital Circle NE
(P.O. Box NOT acceptable)
Tallahassee FL 32301

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)

(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) 11/7/08

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