## N06000007235

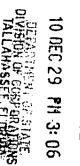
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Duringer Fully News)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
operations to 1 ming officer.						

Office Use Only



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12/30/10--01002--007 \*\*35.00



TO DEC 29 PH 3: 47

RA Charge C.COULLIETTE

DEC 29 2010

**EXAMINER** 

## COVER LETTER

TO:	TO: Amendment Section Division of Corporations							
SUBJ	CT: THE MEADOWS OF MARIANNA HOMEOWNERS ASSOCIATION, INC.  Name of Corporation							
DOC	MENT NUMBER: N0600007235							
	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	eturn all correspondence concerning this matter to the following:							
-	RUSSELL GAUTIER							
	Name of Contact Person							
WILLIAMS, GAUTIER, GWYNN, DELOACH & SORENSON, P.A.								
	Firm/Company							
	2010 DELTA BLVD.							
	Address							
	TALLAHASSEE, FL 32303 City/State and Zip Code							
. 1	E-mail address: (to be used for future annual report notification)							
For fu	er information concerning this matter, please call:							
FRANK BACH at ( 850 ) 591-6714								
	FRANK BACH at ( 850 ) 591-6714  Name of Contact Person Area Code & Daytime Telephone Number							
Enclos	I 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 char	nge is submitted fo	or a corporation org	502, 607.1508, or 617.1508, Flo anized under the laws of the Sta istered agent, or both, in the Stai	te of FLORIDA
1. The name of the	ne corporation: T	HE MEADOWS O	F MARIANNA HOMEOWN	IERS ASSOCIATION, INC.
2. The principal of	office address: 20	)10 DELTA BLVI	D., TALLAHASSEE, FL 32	2303
3. The mailing ac	dress (if differen	t): 2010 DELTA E	BLVD., TALLAHASSEE, F	FL 32303
4. Date of incorp	oration/qualificat	ion: 7/10/200	6 Document number:	N06000007235
		the current registered resigned, enter resig	l agent and registered office on f ned)	ile with the
,	Karen-G	ievers	·	
	524	E. College	Ave	
	Tallah	E. College Lassee, Fl	32301	
6. The name and (if changed):	street address of	the new registered ag	gent (if changed) and /or register	ed office
	RUSSELL GA	AUTIER		— DEC
	2010 DELTA			<b>23</b>
	T		NOT acceptable	PH PH
•	TALLAHASSE es of its registere be identical.		et address of the business offic	<del></del>
Such change was authorized by the	s authorized by re board, or the co	esolution duly adop progration has been	ted by its board of directors or notified in writing of the chang	by an officer so
Signature	of an officer or directe	tock	FRANK BA	CH, PD
	/ /		and agree to act in this capacit atutes relative to the proper an bligation of my position as reg the registered office address, I ge.	
	Jane		12-29-10	
•	ature of Registered Ag	ent	Date	
If signing on beh	alf of an entity:			
Ty	ped or Printed Name	<del></del>		

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