

ND60000007382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

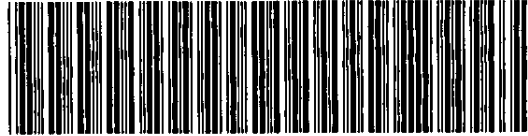
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Thomas Turnage
Advised to correct
Name from (Tom)

Office Use Only



000281802220

02/19/16--01006--019 **35.00

FILED
2016 FEB 19 PM 12:36
TALLAHASSEE, FLORIDA
SECOND JUDICIAL CIRCUIT

R+A/RD/chg

FEB 22 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The South Ponte Vedra - Vilano Beach Preservation Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000007382

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:

Tom Turnage

Name of Contact Person

c/o Turnage Company

Firm/Company

4114 Herschel Street, Suite 100

Address

Jacksonville, FL 32210

City/State and Zip Code

tturnage@spv-vilano.com

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

For further information concerning this matter, please call:

Tom Turnage

Name of Contact Person

at (**904**) **219-9550**

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: The South Ponte Vedra - Vilano Beach Preservation Association Inc
2. The principal office address: 4114 Herschel Street, Jacksonville, FL 32210

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/13/2006 Document number: N06000007382

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)

Arthur Jacobs, Esq
961687 Gateway Blvd, Suite 201-I
Fernandina Beach, FL 32034

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

Thomas
Tom Turnage
4114 Herschel Street, Suite 100
P.O. Box NOT acceptable
Jacksonville, FL 32210

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]
Signature of an officer or director

THOMAS L. TURNAGE PRES
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]
Signature of Registered Agent

2/16/16

Date

If signing on behalf of an entity:

THOMAS L. TURNAGE JR.
Typed or Printed Name

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

FILED
2016 FEB 19 12:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE