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09/23/09--01008--014 **35.00 ...





STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0502, 617 is submitted for a corporation of change its registered office or re	rganized under the laws of the S	tate of FLORIDA	
1. The name of the	corporation: Jacksonville Rice address: 11512 LAKE ME	anch Club TWO Own	ers Association, Inc.	_ _
2. The principal offi	ce address: 11312 LAIL WIL	ADE AVE, 3011E 403 3F	TORSONVILLE, I E 3223	_
4 m 21 11	ess (if different): 11512 L	alla mead And	Suite 1105	
ū	/ILLE, FL 32256	are france river,	3WK 703	_
•	tion/qualification: AUGUST 3	3, 2006 Document number:	N06000010525	
	eet address of the current register nt of State: (If resigned, enter res		n file with the	
<u> 11</u>	ERRY CLAYTON			
99	87 PRESERVES WAY			
JA	ACKSONVILLE, FL 32219			
6. The name and structure (if changed):	eet address of the new registered	agent (if changed) and /or regist	FIL SECRETAR ALLAHASS erred office	
<u>KI</u>	M BALASKIEWICZ		<u>m</u> -< <u>'</u>	
<u>11</u>	512 LAKE MEADE AVE, S	SUITE 405	AM 9: OF STA	
		NOT acceptable	ATE PRID	
	CKSONVILLE, FL 32256		>	
The street address of as changed will be	of its registered office and the st identical.	reet address of the business off	ice of its registered agent,	
Such change was a authorized by the b	uthorized by resolution duly ado oard, or the corporation has bee	opted by its board of directors on notified in writing of the cha	or by an officer so nge.	
Signature of	Day an officer or director	V Jerry Cle Printed or typed n	iant and title	
I further agree to co of my duties, and I document is being t	appointment as registered ager omply with the provisions of all am familiar with and accept the iled merely to reflect a change t en notified in writing of this cha	statutes relative to the proper of obligation of my position as re in the registered office address.	and complete performance	
- Xing Signatur	e of Registered Ages	9/18/ Date	9	
If signing on behalf				
Typed	or Printed Name			

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

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Jacksonville Ranch Club TWO Owners Association, In Name of Corporation				
DOCUMENT NUMBER: N06000010525				
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:				
Kim Balaskiewicz Name of Contact Person				
MADISON PROPERTY MANAGEMENT SOLUTIONS, IN Firm/Company				
11512 LAKE MEADE AVE, SUITE 405 Address				
Audiess				
JACKSONVILLE, FL 32256				
City/State and Zip Code				
IRICHARDSON@MADISON-SOLUTIONS.NET				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
KIM BALASKIEWICZ at (904) 641 - 1858				
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				