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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

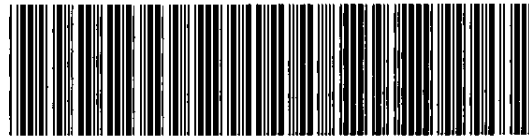
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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R A / R O / C H S
@ 12/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jennings Point Condominium Association
Name of Corporation

DOCUMENT NUMBER: NØ6ØØØØ1Ø92Ø

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:

Amanda Schraff
Name of Contact Person

AC Schraff Consulting, LLC
Firm/Company

P.O. Box 24482
Address

Jacksonville, FL 32241
City/State and Zip Code

acspm@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Schraff at (904) 861-4173
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC -6 PM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2010

AMANDA SCHRAFF
AC SCHRAFF CONSULTING, LLC
P.O. BOX 24482
JACKSONVILLE, FL 32241

SUBJECT: JENNINGS POINT CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000010920

We have received your document for JENNINGS POINT CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 310A00027583

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: Jennings Point Condominium Association
2. The principal office address: 575 Oakleaf Plantation Pkwy, Orange Park, FL 32065
3. The mailing address (if different): P.O. Box 24482, Jacksonville, FL 32241
4. Date of incorporation/qualification: 10/18/06 Document number: N060000010920
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)

~~Resigned~~ Stellar Properties
3015 Hartley Rd
Jacksonville, FL 32257


10 DEC -6 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AC Schraff Consulting, LLC
4313 Jeremys Landing Dr S
P.O. Box NOT acceptable
Jacksonville, FL 32258

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

Amanda Schraff CAM
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

11/18/2010
Date

If signing on behalf of an entity:

Amanda Schraff
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