

n06362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2018

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sawgrass Village Executive
Name of Corporation
Center

DOCUMENT NUMBER: N 06362

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:

Lynnette White CAM.
Name of Contact Person
Association Management of
Firm/Company
3201 Sawgrass Village Circle
Address
Ponte Vedra Bch, FL 32082
City/State and Zip Code
ampvb@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynnette White at (904) 285 9894
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sawgrass Village Executive
2. The principal office address: 3201 Sawgrass Center
Village Circle
3. The mailing address (if different): Same
4. Date of incorporation/qualification: Nov. 28 1984 Document number: N 06362
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 Browning
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

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

Christopher Wynne
3201 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

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 this change.

Pamela Hardy
Signature of an officer or director

Pamela Hardy CRM.
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.

Pamela Hardy
Signature of Registered Agent

6/14/18
Date

If signing on behalf of an entity:

Pamela Hardy CRM.
Typed or Printed Name

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

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JUN 25 P 12:14
CLERK OF STATE
TALLAHASSEE, FLORIDA