## N07000009873

•
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations				
SUBJECT: Kings Trace Homeowners' Association,	Inc.			
(Name of Corporation)				
DOCUMENT NUMBER: N07000009873				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
	S			
Cindy Greenfield				
(Name of Contact Person)				
BCM Services, Inc.				
(Firm/Company)				
920 Third Street, Suite B (Address)				
(Addiess)				
Neptune Beach, FL 32266				
(City/State and Zip Co	ode)			
For further information concerning this matter, please call:				
Cindy Greenfield at ( 9	004 ) 242-0666			
(Name of Contact Person) (A	OA 242-0666 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314	Tallahassee, FL 32301			

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of <u>FL</u> der to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: Kings Trace Homeowners' Association, Inc.		
2. The principal	al office address: 920 Third Street, Suite B		
Neptune Be	Beach, FL 32266		
3. The mailing	g address (if different):		
4. Date of incor	prporation/qualification: 10-08-07 Document number: N07000009873		<u> </u>
	nd street address of the current registered agent and registered office on file with the artment of State:		
	Eagles High Development, Inc	er 🔿.	
	4315 Pablo Oaks Court, Suite 1	8 SEP	
	Jacksonville, FL 32224	1	FILE
6. The name an (if changed):	5	ME STAT	0
	L Denise Wallace	5mi <b>69</b> ⊳	
	920 Third Street, Suite B (P.O. Box NOT acceptable)		
	Neptune Beach, FL 32266		
The street addr	dress of its registered office and the street address of the business office of its registered ill be identical.	agent,	
Such change wauthorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
(Signal	Adding J. L. HAPDIN SECTORSAS  The state of an officer or director)  (Printed or typed name and title)	<u>s_</u>	
I further agree of my duties, an document is be	of the appointment as registered agent and agree to act in this capacity.  e to comply with the provisions of all statutes relative to the proper and complete performed in familiar with and accept the obligation of my position as registered agent. On eing filed merely to reflect a change in the registered office address, I hereby confirm to as been notified in writing of this change.	rmance • if this hat the	
	Signature of Registered Agent) 8/20/08		
	behalf of an entity:		
L Denise Wa	allace .		
	(Typed or Printed Name)		

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