

N07000011642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

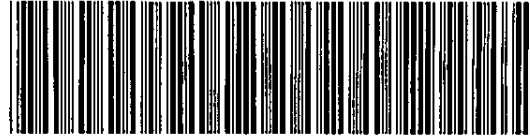
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TA. MASS. REG. DIV.

SEP 02 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PEREGRINE MEADOWS HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N07000011642

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:

JOY BRYSON

Name of Contact Person

ERA DAN JONES & ASSOCIATES, INC.

Firm/Company

1403-1 DUNN AVE

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

JOY@ERADANJONES.COM

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

For further information concerning this matter, please call:

JOY BRYSON

Name of Contact Person

at (904) 483-2495

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: PEREGRINE MEADOWS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1403-1 DUNN AVE JACKSONVILLE, FL 32218
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/04/2007 Document number: N07000011642
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)

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY SUITE 801
JACKSONVILLE, FL 32224

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

ERA DAN JONES & ASSOCIATES, INC.
1403-1 DUNN AVE
P.O. Box NOT acceptable
JACKSONVILLE, FL 32218

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.

Lee Anthony
Signature of an officer or director

Lee ANTHONY
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.

Jay Bryson
Signature of Registered Agent

8-26-15
Date

If signing on behalf of an entity:

Jay Bryson
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
CR2E045 (03/12)

2015 AUG 31 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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