P01200000169

| Mark E. Parsons Attorney at Law 1201 Arapaho Avenue, Suite B St. Augustine, Florida 32084 | | | | | |
|--|--------------------|-----------|----|--|--|
| (Cit | ty/State/Zip/Phone | · #) | - | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (| , | , | | | |
| (Do | ocument Number) | | - | | |
| Certified Copies | _ Certificates | of Status | • | | |
| Special Instructions to | Filing Officer: | | 1 | | |
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Office Use Only



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R.A. Change

TB 6/11/08

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

| statement of change is sub | mitted for a corporation orga | 02, 607.1508, or 617.1508, Floria mized under the laws of the State of tered agent, or both, in the State of | of_Florida |
|--|--|--|---|
| 1. The name of the corpora | ation: Stonegate Home | owners Association, Inc. | • |
| 2. The principal office add | 4255 IIS 1 Sout | h B26 | |
| | St. Aug FL 320 | 86 | |
| 3. The mailing address (if o | different): | | |
| 4. Date of incorporation/qu | ualification: 10/18/2001 | Document number: NO | 08000002169 |
| 5. The name and street add Florida Department of S | _ | agent and registered office on file | with the |
| | Ronald W. Brown | | |
| | 66Cuna St Suite A | * 1 | |
| · | St. Aug FL 32084 | | TALLAHU office |
| 6. The name and street add (if changed): | ress of the new registered age | ent (if changed) and /or registered | office ARKY |
| | Mark E. Parsons | | |
| • | .1201 Arapaho Ave Su | ite B | 1:0 |
| | (P.O. Box NOT acceptable St. Aug FL 32084 | е) | 一 |
| The street address of its reas changed will be identic | egistered office and the stree | t address of the business office o | of its registered agent, |
| Such change was authorized by the board, of | ed by resolution duly adopte or the corporation has been n | ed by its board of directors or by otified in writing of the change. | an officer so |
| Demand Market (Signature of an office | Masters | Bernard M. mast | ers Director |
| I further agree to comply of my duties, and I am fan document is being filed m | ntment as registered agent as with the provisions of all sta niliar with and accept the ob erely to reflect a change in the fied in writing of this change | nd agree to act in this capacity. tutes relative to the proper and d ligation of my position as regist he registered office address, I he e. | complete performance ered agent. Or, if this ereby confirm that the |
| WZ | | June 5, 2008 | |
| (Signature of Reg | istered Agent) | (Date) | |
| If signing on behalf of an | entity: | | |
| (Typed or Printe | ed Name) | | |
| (1) pour of 1 fille | , | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

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