

N1090000004758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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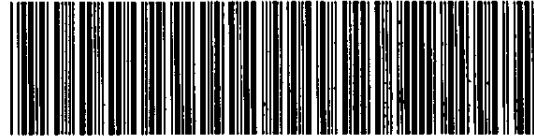
(Business Entity Name)

(Document Number)

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FILED  
2016 MAY 16 PM 12:50  
SEC. OF STATE  
TALLAHASSEE, FL 32304

RA/RD/ch8

MAY 19 2016  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ambleside Green  
Name of Corporation

DOCUMENT NUMBER: NO 900000 4758

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:

Audrey Siegel  
Name of Contact Person

Firm/Company

14505 Amelia Cove Drive  
Address

Jacksonville, FL 32226  
City/State and Zip Code

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

For further information concerning this matter, please call:

Audrey Siegel at (904) 535-5674  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ambleside Green, Inc.
2. The principal office address: 14505 Amelia Cove Drive  
Jacksonville, FL 32226
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 13, 2009 Document number: N09000004758
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)


Shannon Palmer  
1331 North Laura Street  
Jacksonville, FL 32206

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

Audrey Siegel  
14505 Amelia Cove Drive  
P.O. Box NOT acceptable  
Jax, FL 32226

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

Shannon Palmer, Chair  
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

5-11-16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

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SEC. OF STATE  
TALLAHASSEE, FL 32314