

N 09 00000 47 58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

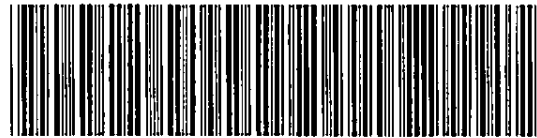
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2017 AUG 31 AM 10:51

TALLAHASSEE, FL 32309

C. GOLDEN

SEP - 1 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ambleside Green, Inc.

Name of Corporation

DOCUMENT NUMBER: N09000004758

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:

Shannon Palmer

Name of Contact Person

Ambleside Green

Firm/Company

669 Hudson Bay Drive

Address

Palm Beach Gardens, FL 33410

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:

Robby Palmer

Name of Contact Person

at (561) 626-2146

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2017

SHANNON PALMER
669 HUDSON BAY DRIVE
PALM BEACH GARDENS, FL 33410

SUBJECT: AMBLESIDE GREEN, INC.
Ref. Number: N09000004758

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 317A00016067

RECEIVED
17 AUG 31 PM 2:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: 669 Hudson Bay Drive, Palm Beach Gardens, Florida 33410

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)

Audrey Siegel

14505 Amelia Cove Drive

Jacksonville, Florida 32226

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

Anne-Marie Morgan

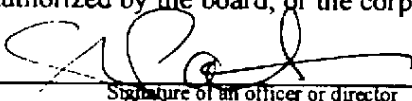
669 Hudson Bay Drive

P.O. Box NOT acceptable

Palm Beach Gardens, Florida 33410

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

8-27-17

Date

If signing on behalf of an entity:

ANNE-MARIE MORGAN

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