

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400316144604

07/30/18--01029--015 **35.00

18 JUL 30 AM 9: 59

Machez

R WHITE DIE

COVER LETTER

INC.

TO: Amendment Section Division of Corporations			
SUBJECT: THE HOLLY STUNE PROPERTY OWNERS ASSOCIATION			
DOCUMENT NUMBER: N0900007781			
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:			
RAYMOND MARSH			
* Name of Contact Person			
Firm/Company			
. ,			
4999 HOLLYSTONE IN			
TALLAMASSE & 32312 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (850) 545 3692 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 Division of Corporations Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: THE HOUYSTONE PROPERTY OWNERS ASSOC INC 2. The principal office address: 2367 CENTREVILLE RO TALLATUS SEE FL 32308	<u></u>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 8/11/09 Document number: N090000778	1
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)	
MARSHAUE 613BS - RESIGNES	
2367 CENTERVILLE RO	
TALLAMSSEE FL 32308	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CAYNONO MARSH U999 Howy STONE LN P.O. Box NOT acceptable TALLAMASJCE & 32308	
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.	
Month Homel Montsure 6,335 Signature of an officer or director 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. Agrand Massimum July 27 2018 Date Dat	
If signing on behalf of an entity: Raymond Marsh Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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