

N10563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

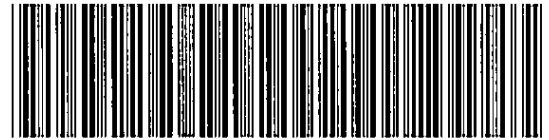
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900330602799

06/13/13--010001--000 ♦♦35.00

RECEIVED

JUN 13 P 1:24

FILED

JUN 25 2013

T. L. F. E. U. X

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Barrier Dunes Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N10563

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:

Jeremy Anderson

Name of Contact Person

Anderson, Givens, & Fredericks

Firm/Company

1689 Mahan Center Blvd, Suite B

Address

Tallahassee, FL 32308

City/State and Zip Code

janderson@andersongivens.com

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

For further information concerning this matter, please call:

Jeremy Anderson

Name of Contact Person

at (850) 692-8900

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: Barrier Dunes Homeowners Association, Inc.
2. The principal office address: 190 Sabal Cir., Port Saint Joe, FL 32456
3. The mailing address (if different): P.O. Box 1321, Port St. Joe, FL 32457

4. Date of incorporation/qualification: 08/05/1985 Document number: N10563

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)

Roberson & Associates, PA

116A Sailors Cove Drive

Port St. Joe, FL 32456

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

Anderson, Givens, & Fredericks

1689 Mahan Center Blvd, Suite B

P.O. Box NOT acceptable

Tallahassee, FL 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.

James D. McElroy
Signature of an officer or director

James D. McElroy, President
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.

Jeremy Anderson
Signature of Registered Agent

6/12/19
Date

If signing on behalf of an entity:

Jeremy Anderson
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)