## 112000010101

(Re	questor's Name)		
(Ac	dress)		
(Ac	ldress)	· · ·	
•	·		
(Cit	ty/State/Zip/Phone	· #)	
10)	iyiotato/zipii ilono	· <del>11</del> )	
PICK-UP	☐ WAIT	MAIL	
<u>.                                    </u>		<u> </u>	
(Bu	isiness Entity Nam	ne)	
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
1			
<u> </u>			

Office Use Only





400242305224

12/10/12--01019--028 \*\*35.00



DEC 1 2 2012 C. MUSTAIN

## **COVER LETTER**

10: Amendment Section Division of Corporations

SUBJECT: PLUMMER CREEK HOMEOWNERS ASSOCIATION INC

Name of Corporation

DOCUMENT NUMBER: N12000010101

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:

**Ruby Castro** 

Name of Contact Person

Property Management Systems Inc

Firm/Company

463499 State Road 200

Address

Yulee FL 32097

City/State and Zip Code

rcastro@pmsiofflorida.com

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

For further information concerning this matter, please call:

Ruby Castro

,904 \225-907

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

. The name of the co	Plummer Cre	eek Homeowners Association	n, Inc.
The principal office	2075 Dine Ct	reet, Jacksonville FL 32205	
The mailing addres	s (if different):		***
Date of incorporation	on/qualification: 10/24/12	Document number: N120	00010101
	et address of the current registe t of State: (If resigned, enter re	ered agent and registered office on file vesigned)	with the
Wil	liam Stanly III		
367	75 Pine Street		. is
Jac	ksonville FL 32205		10
	8499 State Road 200 PO Box ee FL 32097	x NOT acceptable	-
The street address of is changed will be id	its registered office and the stentical.	treet address of the business office of	- its registered agent,
ouch change was authorized by the boa	horized by resolution duly add ard, or the corporation has bee	opted by its board of directors or by are notified in writing of the change	n officer so
w.	ठा	William Stanly III	
hereby accept the a	ppointment as registered agen nply with the provisions of all uties, and I am familiar with a nument is being filed merely to the corporation has been notif	Printed or typed name and the capacity. It and agree to act in this capacity. It statutes relative to the proper and cound accept the obligation of my position reflect a change in the registered officed in writing of this change.	mnlete
Signature of	of Registered Agent	12-2-15 Date	
f signing on behalf of		Date	
_			

MAKE CHECKS PAYABLE 10 FLORIDA DEPARTMENT OF STATE MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (03/12)