113000004877

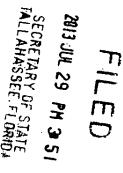
(Re	equestor's Name)	
(Address)		
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800250074878

07/29/13--01015--009 **35.00





STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of FLORIDA	
		gistered agent, or both, in the State of Florida. AT WYNNFIELD LAKES OWNERS QSSocia	
	office address: 461 A1A BEAC		
	USTINE, FL 32080		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:	Document number: N1300004877	
5. The name and		ed agent and registered office on file with the	
	JOHN T DEKLE ESQ.		
10475 FORTUNE PARKWAY, SUITE 100			
	JACKSONVILLE, FL 32256		
6. The name and (if changed):	_	agent (if changed) and /or registered office	
	SOVEREIGN JACOBS PR	ROPERTY MGMT Companies, LLC	
	461 A1A BEACH BLVD		
		NOT acceptable	
	ST. AUGUSTINE, FL 320		
		reet address of the business office of its registered agent,	
Such change wanthorized by t	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.	
Signati	ure of an officer or director	Maston Crapps President	
I herchy accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agen to comply with the provisions of all f my duties, and I am familiar with a his document is being filed merely to a that the corporation has been notifi	et and agree to act in this-capecity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I led in writing of this change.	
	- Q-X-	07/18/13	
Sí	gnature of Registered Agent	Date	
	ehalf of an entity:	•	
	Typed or Printed Name	SECRETARY OF STATES AND A TALL BARBASSELF LORION	
	* * * FILING	S FEE: \$35.00 * * * IS & NJ_67_701 E187	
M	MAKE CHECKS PAYABLE TO MAIL TO: DIVISION OF CORPORATION	FLORIDA DEPARTMENT OF STATE S, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (03/12)