## N13000005171

(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
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(Bu	siness Entity Nar	ne)			
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07/29/13--01015--012 \*\*35.00



7/30/13

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

statement of cha	mge is submitte	d for a corporation o	7.0502, 607.1508, or 61 organized under the law egistered agent, or both	vs of the State of	FLORIDA
1. The name of	the corporation:	WHITMORE O	DAKS OWNERS :	ASSOCIATION	, INC
2. The principal	office address;	461 A1A BEAG	CH BLVD		
		ST. AUGUSTIN			
3. The mailing a	ddress (if differ	rent):			
4. Date of incorp	poration/qualifi	cation:	Document n	number: N1300	0005171
5. The name and	d street address		ered agent and registered		ith the
	JOHN T D	EKLE ESQ.			
	10475 FO	RTUNE PARK	WAY, SUITE 100	ı	MALLAHASSEI
	JACKSON	VILLE, FL 322	256		PH 2: 2: EE. FLORI
6. The name and (if changed):	d street address	of the new registered	d agent (if changed) and	I /or registered of	2: 23
	SOVEREI	GN JACOBS F	ROPERTY MGM	IT	
	461 A1A E	BEACH BLVD			
	OT ALIOU		x NOT acceptable	<del></del>	•
	ST. AUGU	JSTINE, FL 32	080		-
The street address changed will	ess of its registe be identical.	ered office and the s	treet address of the bus	siness office of it	ts registered agent,
Such change wa authorized by th	as authorized by ne board, or the	y resolution duly ad corporation has bee	opted by its board of di en notified in writing o	rectors or by an f the change.	officer so
Signato	re of an officer or di	rector	Musten	Crapps &	resident
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment to comply with my duties, and is document is that the corpor	nt as registered age the provisions of al I I am familiar with a being filed merely to ration has been nou	nt and agree to act in the last in the last the statutes relative to the and accept the obligation reflect a change in the fied in writing of this ci	his capacity.  e proper and con on of my position	nplete n as registered
5	-OX	)	07/18/13		
Sig	nature of Registered	Agent		Date	
If signing on be	half of an entity	y:			
EUE	N G. 2	umpKIN			
T	yped or Printed Nam	ie			

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

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