Division of Corporations Electronic Filing Cover Sheet

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(((H160002475813)))



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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(850)205-8842

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SHETLAND RIDGE HOMEOWNERS ASSOCIATION, INC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

Division of 0	AND RIDGE HOMEOWNERS ASSO	CIATION DIC
SUBJECT:	Name of Co	
	N14000004702	
DOCUMENT NUM		
The enclosed Statem	ent of Change of Registered Office	/Agent and fee are submitted for filing.
Please return all com	espondence concerning this matter	to the following:
JE	NNIFER HARROFF	
	Name of Con	tact Person
C	CIRACONNECT	
-	Firm/Cor	npany
P.G	D. BOX 803555	
	Addre	ess
n	DALLAS, TX 75380-3555	
_	City/State and	Zip Code
RE	GISTEREDAGENT@CIRAMAIL.CO	ОМ
	-mail address: (to be used for fu	ture annual report notification)
or further informati	on concerning this matter, please co	all:
JENNIFER HARROF	F	972 380-3564 at ()
Name	of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Departm	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	1 ananassee, FL 323 14	Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change	is submitted for a corporation organi	ized under the laws of the State of FLOR	IDA
		red agent, or both, in the State of Florid	а,
	orporation: SHETLAND RIDGE HOM re address: 5844 Old Pasco Rd, Suite 10		
3. The mailing addre	ss (if different):		
4. Date of incorporat	lon/qualification:05/15/2014	Document number:N1400000470)2
	et address of the current registered ag tt of State: (If resigned, enter resigned	gent and registered office on file with the	
Riza	ectta & Co., Inc.		TS CE
ONI	ONE INDEPENDENT DRIVE, Suite 1300		2016 OCT -5 SECRETARY
JAC	KSONVILLE, FL 32202		表 万
6. The name and stre (if changed):	et address of the new registered agen	t (if changed) and /or registered office	
· <u>cr</u>	Corporation System		8:07
120	South Pine Island Road		D.
	P.O. Box NOT	acceptable	
	tation, Florida 33324		
The street address of as changed will be in	its registered office and the street a lentical.	ddress of the business office of its regis	stered agent,
		by its board of directors or by an office fied in writing of the change.	
KIM BAGGETT, SECRETARY			
I hereby accept the a I further agree to co performance of my a agent. Or, if this do hereby confirm that	nonpelor freeth () Appointment as registered agent and inply with the provisions of all statu () Appointment as registered agent and act () Appointment is being filed merely to reflect the corporation has been notified in	Printed or typed name and title agree to act in this capacity, tes relative to the proper and complete cept the obligation of my position as re ct a change in the registered office add writing of this change.	egistered . Fess, I
By:		10/3/2016	
Signature	of Registered Agent	Date	
If signing on behalf	of an entity:	,	
MIKE JONES, ASSISTANT SECRETARY			
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)