Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000214265 3)))



H160002142653ABC

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

 \odot

9

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE

JACKSON SQUARE HOMEOWNERS ASSOCIATION, INC.

 Certificate of Status
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AUG 3 0 2016

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COVER LETTER

| | nent Section of Corporations | | | | | |
|--|--|------------------|---|--|--|--|
| JACI SUBJECT: | KSON SQUARE HOMEOWNERS ASSO | CIATION, INC. | • | | | |
| Name of Corporation | | | | | | |
| DOCUMENT N | N15000006645 | | | | | |
| The enclosed Sta | stement of Change of Registered Office | Agent and fee a | re submitted for filing. | | | |
| Please return all | correspondence concerning this matter | to the following | : | | | |
| | JENNIFER HARROFF | | | | | |
| Name of Contact Person | | | | | | |
| | CIRACONNECT | | | | | |
| Pirm/Company | | | | | | |
| | P.O. BOX 803555 | | | | | |
| | Addr | ess | | | | |
| DALLAS, TX 75380-3555 | | | | | | |
| City/State and Zip Code | | | | | | |
| REGISTEREDAGENT@CIRAMAIL.COM | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| | mation concerning this matter, please c | | | | | |
| JENNIFER HARI | | 972 at { | 380-3564 _) | | | |
| N | ame 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 | Street Amend | Address: Iment Section | | | |
| | Division of Corporations | Divisio | on of Corporations | | | |
| | P.O. Box 6327 | | Building | | | |
| | Tallahassee, FL 32314 | | Executive Center Circle assee, FL 32301 | | | |

CR2E045 (03/12)

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

| | • | , 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of | | |
|--|---|--|--|---------------------|
| in orde | er to change its registered office | or registered agent, or both, in the State of | Florida. | |
| 1. The name of | the corporation; JACKSON SQU | ARE HOMEOWNERS ASSOCIATION, INC | <u>, </u> | <u>-</u> . |
| 2. The principal | office address: 405 N REO STR | EET, SUITE 330, TAMPA, FL 33609 | | |
| | | ### | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | 006645 | | | |
| | d street address of the current re rtment of State: (If resigned, ent | gistered agent and registered office on file v er resigned) | with the | |
| | F & L CORP | | _ | |
| | ONE INDEPENDENT DRIVE, | SUITE 1300 | - | |
| | JACKSONVILLE, FL 32202 | | | 7) |
| 6. The name and (if changed): | d street address of the new regis | tered agent (If changed) and /or registered o | | |
| | C T Corporation System | <u>.</u> | - 10 3 | • |
| | 1200 South Pine Island Road | | | \$ 5 ° 3 ° 5 ° 6 |
| | Plantation, Florida 33324 | D. Box NOT acceptable | | - - |
| | Plantadon, Plotted 33324 | | _ 33- | |
| The street address changed will | ess of its registered office and t be identical. | he street address of the business office of i | its registered a | agent, |
| | as authorized by resolution dul he board, or the corporation has the board or the corporation has the or an afficer of director | y adopted by its board of directors or by an been notified in writing of the change Bagge KIM BAUGETT, SECRETARE ASSISTANT Specifications and to | arV | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | The appointment as registered to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been to | agent and agree to act in this capacity, of all statutes relative to the proper and coi ith and accept the obligation of my positic ily to reflect a change in the registered offi notified in writing of this change. | mplete on as registere lce address, I | ed |
| By: | poration System | 8/25/2016 | | |
| Sig | nature of Registered Agent | Date | | |
| If signing on be | chalf of an entity: | | | |
| | ASSISTANT SECRETARY . | _ | | |
| .1 | yped 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)