

N16 000006839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

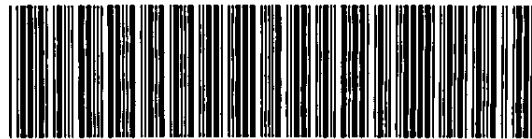
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH SHORE ESTATES BOAT DOCKS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N16000006839

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:

Patti Ferris

Name of Contact Person

Evergreen Lifestyles Management, LLC.

Firm/Company

10401 Deerwood Park Blvd, Suite 2130

Address

Jacksonville, FL 32256

City/State and Zip Code

pferris@Evergreen-LM.com

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

For further information concerning this matter, please call:

Patti Ferris

Name of Contact Person

at (**877**) **221-6919**

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOUTH SHORE ESTATES BOAT DOCKS ASSOCIATION, INC.
2. The principal office address: 10401 Deerwood Park Blvd, Suite 2130, Jacksonville, FL 32256

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/12/2016 Document number: N16000006839

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Scott Brooks

24311 Walden Center Drive, Suite 300

Bonita Springs, FL 34134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Evergreen Lifestyles Management, LLC

10401 Deerwood Park Blvd #2130

P.O. Box NOT acceptable

Jacksonville, FL 32256

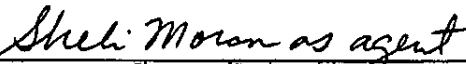
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Scott Brooks PRES.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/14/16
Date

If signing on behalf of an entity:

~~Patti Ferris~~ SHELI MORAN
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)

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