

N17000005540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

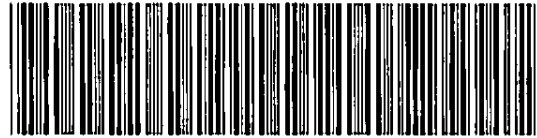
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sentinel Point Townhome Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000005540

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:

JOSEPH P. FARRELL JR
Name of Contact Person

Gulf Coast Property Services LLC
Firm/Company

106 TRADE CIRCLE WEST, SUITE H
Address

PORT ST JOE, FL 32456
City/State and Zip Code

STAFF@GCPFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Farrell at (850) 229 2706
Name 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
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

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: Sentinel Point Tamhome Owners Association, Inc
2. The principal office address: 106 TRADE CIRCLE WEST, SUITE H
PORT ST JOE, FL 32456
3. The mailing address (if different): 106 TRADE CIRCLE WEST, SUITE H
PORT ST JOE, FL 32456
4. Date of incorporation/qualification: 17 MAY 23 ^{MAY 23 2017} Document number: N17000005540
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)

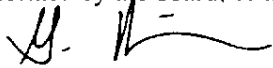
BYRD CAMPBELL, P.A.
180 PARK AVE. NORTH STE 2A
WINTER PARK, FL 32789

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

JOSEPH P. FARRELL JR
106 TRADE CIRCLE WEST, SUITE H
P.O. Box NOT acceptable
PORT ST JOE, FL 32456

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.

X 
Signature of an officer or director

Grant Rish
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

11/9/2017
Date

JOSEPH P. FARRELL JR
If signing on behalf of an entity:

JOSEPH P. FARRELL, JR.
Typed or Printed Name

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

FILED
2017 NOV 13 PM 12:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE