

N20829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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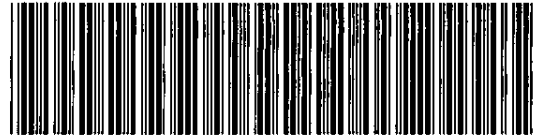
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PENSACOLA ST. NEIGHBORHOOD ASSOC., INC.  
Name of Corporation

**DOCUMENT NUMBER:** N20829

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:

ANCHORS, MICHELLE

Name of Contact Person

KEEFE, ANCHORS, GORDON & MOYLE

Firm/Company

2113 LEWIS TURNER BLVD, SUITE 100

Address

FORT WALTON BEACH, FL 32547 US

City/State and Zip Code

MANCHORS@KAGMLAW.COM

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

For further information concerning this matter, please call:

ANCHORS, MICHELLE

Name of Contact Person

at ( 850 ) 863-1974  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PENSACOLA ST<sup>022</sup> NEIGHBORHOOD ASSOCIATION, INC.
2. The principal office address: 25 CENTRAL SQUARE H-2, SANTA ROSA BEACH FL 32459 US
3. The mailing address (if different): P.O. BOX 4957, SANTA ROSA BEACH FL 32459 US
4. Date of incorporation/qualification: 05/26/1987 Document number: N20829
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)

ANCHORS, MICHELLE  
4460 LEGENDARY DR, SUITE 190  
DESTIN FL 32541 US

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

ANCHORS, MICHELLE  
2113 LEWIS TURNER BLVD, SUITE 100  
P.O. Box NOT acceptable  
FORT WALTON BEACH, FL 32547 US

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

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

Date \_\_\_\_\_

If signing on behalf of an entity:

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 (8/05)