Naa973

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100278883601



11/09/15--01006--012 **35.00



NOVO 9 2015 EX

Division of Corporations
SUBJECT: DERBY WOODS DWEES ASSEC. INC. Name of Corporation
DOCUMENT NUMBER: Nag 923
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:
Name of Contact Person
DERBY WOODS DWNERS ASSOC. INC.
POBa 59 Address
Lynn Haven FL 32444 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number 1980
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

Tallahassee, FL 32314

TO: Amendment Section

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 in order to change its registered office or registered agent, or both, in the State of Florida.
in order to change its registered office of registered agent, or both, in the state of r to tade.
1. The name of the corporation: The Derby Woods Country Association,
2. The principal office address: Derby Woods Subdivision Haven, FL 32444
3. The mailing address (if different): PO Box 59
Lynn Haren, FL 32444
4. Date of incorporation/qualification: 10/12/87 Document number: N22973
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)
Nancy Twing
186 Deiby Woods Dr
Lynn Haven FL 32444
2 n
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lynn H. Taulk
P.O. Box NOT acceptable
Lynn Haven FL 32444
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.
Ju M. Rull GEDRGE M. RAMPULA Frinted or typed name and file
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 4 15
If signing on behalf of an entity:
Lynn A. taulk
Typed or Printed Name

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