

N 23136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

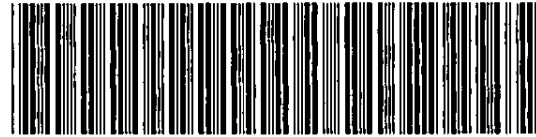
(Business Entity Name)

(Document Number)

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OCT 29 2012  
T. ROBERTS

ALBANY, NY  
OCT 29 2012  
10:00 AM

2012 OCT 29 PM 1:06

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Avondale Homeowner Association of Tallahassee, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Melisa C Smith  
Name of Contact Person

Assoc Mgmt Supt  
Firm/Company

P O Box 3621  
Address

Tall FL 32315  
City/State and Zip Code

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

For further information concerning this matter, please call:

Melisa Smith at ( 850 ) 5285043  
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: AVONDALE HOMEOWNER'S ASSOCIATION OF TALLAHASSEE, INC.  
2. The principal office address: 1708 CORDELL DRIVE, TALLAHASSEE, FL

3. The mailing address (if different): POST OFFICE BOX 14662, TALLAHASSEE, FL 32317

4. Date of incorporation/qualification: 11-22-87 Document number: N23136

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)

ROBERT S. RHINEHART

644 CAPITAL CIRCLE NE

TALLAHASSEE, FL 32301

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

MELISA C. SMITH

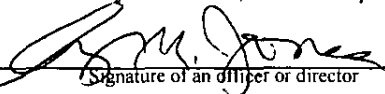
231 EAST 6TH AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32303


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

Amy M. Jones  
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

10/26/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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