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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	me)
(Do	ocument Number)	
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AUG 5 2015 I ALBRITTON

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 force of force or registered agent, or both, in the State of Florida.	
1. The name of the corporation: EASTSITE VILLAGE HONGOWNERS ASSOCIATION, Inc.	
2. The principal office address: 189 SE CLAUDIA WAY, LAKE GITY, FL 32025-18	
LOLUMBIA COUNTY	_
3. The mailing address (if different):	
1/0/01/	
4. Date of incorporation/qualification: 32/19/1988 Document number: 124911	
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)	
RESIGNED	
TE JISUE V	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Kris Robinson	
582 West Duval Street	
P.O. Box NOT acceptable	
Lake City, Fl. 32055	
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 office of 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 Just 28, 2015	
If signing on behalf of an entity:	
Kris R. Robinson Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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