

N24911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: EASTSIDE Village Homeowners Assoc. INC.
Name of Corporation

DOCUMENT NUMBER: N 24911

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:

Joan Wilson
Name of Contact Person

EASTSIDE Village Homeowners Assoc. INC.
Firm/Company

189 SE Claudia Way
Address

Lake City, FL, 32025
City/State and Zip Code

EASTSIDE Village HOA@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAN Wilson at (386) 755-7004
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: EASTSIDE Village Homeowners Assoc, Inc.

2. The principal office address: 189 SE Claudia way.
Lake City, FL 32025

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/4/1988 Document number: N 24911

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)

Sarah Carter
177 NW Madison ST.
Lake City, FL 32055 (RESIGNED)

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

Joan Wilson
189 SE Claudia Way
P.O. Box NOT acceptable
Lake City, FL 32025

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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.

John A. McCann
Signature of an officer or director

John McCann, President
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.

Joan Wilson
Signature of Registered Agent

9-25-17
Date

If signing on behalf of an entity:

Joan Wilson
Typed or Printed Name

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