N24911

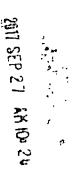
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TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: <u>EASTSIDE</u> VILLAGE HOMEOWNERS ASSOC. INC. Name of Corporation
DOCUMENT NUMBER: N24911
The enclosed Statement of Change of Registered Office/Agent and fee are submitted 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, F1, 32025 City/Stale and Zip Code
EASTS IDE VIllage HOA Comeast, Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOAN 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: Street Address:

P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations

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: EAST SIDE VIllage Homeowners Assoc, INC.
2. The principal office address: 189 SE Claudia Way.
Lake City, F1, 32025
3. The mailing address (if different):
4. Date of incorporation/qualification: 2 4 1988 Document number: N 249 //
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 (BesignED)
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
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hake City, F1. 32025
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 Mc Cann President Signature of an officer or director John Mc Cann 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:
Typed or Printed Name

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