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## **COVER LETTER**

Division of Corporations
SUBJECT: Grenetete Club Estates HOA Inc Name of Corporation
DOCUMENT NUMBER: N 25330
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:
POIK C.A.M. of Harris City  Firm/Company PO BOX 5195 Harris City to S3845  Address  Address
City/State and Zip Code  POlkcam a gol. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Area Code & Daytime Telephone Number  City/State and Zip Code  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

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.
1. The name of the corporation: Grenelete Club Estates, Hot Inc.  2. The principal office address: 5340 CR 544. E
the new City 72 33845
3. The mailing address (if different): PO BCX 5795
Haires City 74 33845
4. Date of incorporation/qualification: 3/10/88 Document number: N25330
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
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Palk Community teach Mgt. 07 Horris City
P.O. Box NOT scceptable
Haures City 7, 33844
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.
DAVID GAU AGHER Signature of an officer of director  DAVID GAU AGHER  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 Date
If signing on behalf of an entity:
Kristen M. Powell 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 \* \* \*

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