## N29107

(Requestors	s Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: James Landing Property Owners Association, Inc.
Name of Corporation
DOCUMENT NUMBER: N29107
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:
Sharon Glisson Name of Contact Person
James Landing Property Owners Association, Inc. Firm/Company
P.O. Box 410504 Address
Melbourne, FL 32941 City/State and Zip Code
iameslandingpoa@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharon Glisson at (321) 253-4560 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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: James Landing Property Owners Association, Inc.
2. The principal office address:
3. The mailing address (if different): P.O. Box 410 504  Melbourne, FL 32941
4. Date of incorporation/qualification: 11/03/1988 Document number: N29107
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)
Curtis Jones
2433 Coral Ridge Cir
Melbourne, FL 32935
2433 Coral Ridge Cir  Melbourne, FL 32935  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sharon Glisson
3010 St. James Lane P.O. Box NOT acceptable
Melbourne, F1 32935
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 Del Anna Center Wright Treasurer
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 Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314