	•	
(Requestor's N	ame)	
(Address)		
(Address)		
(City/State/Zip/	Phone #)	
PICK-UP WA	IT MAIL	
(Business Enti	ty Name)	
(Document Number)		
Certified Copies Certif	ficates of Status	
Special Instructions to Filing Office	эг.	
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DEC 3 1 2014 T. CARTER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2014

RECO DEC 18 2014

KELLY GREENS MANOR CONDOMINIUM V ASSOCIATION, INC. C/O PRO-CAM OF SWFL INC 12858 BANYAN CIRCLE DR #102 FT. MYERS, FL 33908 US

SUBJECT: KELLY GREENS MANOR CONDOMINIUM V ASSOCIATION, INC.

Ref. Number: N35836

We have received your document for KELLY GREENS MANOR CONDOMINIUM V ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 614A00025118

KM5

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, the 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.	is 	
1. The name of the corporation: KELLY GREENS HANDR CON BOMINIUM V ASS. 2. The principal office address: C/O PRO-CAM SWEL INC. 12858 BANGON CALL DA # 102 #+		yers
3. The mailing address (if different): $\frac{\omega}{a}$		
4. Date of incorporation/qualification: Document number:	330	
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)		
Housen + Associates		
	14 DEC	SECRE!
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	29 PH 2	ARY OF ARSSEE, FI
7 P.O. CAM OF SWELL DA # 102	2:01	STATE
可 n 题 Ft Myers JL 33908		
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	d agen	t,
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.	,	
Raymond Jacker. Reymond Cover of Brinted 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 regist agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	ered , I	
Mory Ca. Smuth Cam 10-14-14 Ognature of Registered Agent DRES Date		
If signing on behalf of an entity:		
MARY A SHITH, CAM 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
CR2E045 (03/12)