

047381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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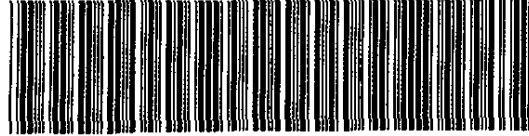
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Raymur Villa

Name of Corporation

DOCUMENT NUMBER: _____

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:

Alex Lee

Name of Contact Person

RAYMUR VILLA SUBDIVISION OWNERS ASSOCIATION, INC.

Firm/Company

PO Box 15106

Address

Jacksonville, Florida 32239-5106

City/State and Zip Code

Alex@allioupe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Lee

Name of Contact Person

at (904) 743-5563

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: RAYMUR VILLA SUBDIVISION OWNERS ASSOCIATION, INC.
2. The principal office address: 3439 Grenoble Dr. Jacksonville, Florida 32277

3. The mailing address (if different): PO Box 15106
Jacksonville, Florida 32277

4. Date of incorporation/qualification: _____ Document number: _____

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)

3947 BOULEVARD CENTER DRIVE

SUITE 101

JACKSONVILLE, FL 32207 US

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

Alex Lee, President

8059 Toulon Ct.

P.O. Box NOT acceptable

Jacksonville, Florida 32277

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TALLAHASSEE, FLORIDA

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

Alex Lee, 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.



Signature of Registered Agent

5/14/2013

Date

If signing on behalf of an entity:

Alex Lee

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)