N51192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2009

RECEIVED
DEC 0 4 2009
BY:

SHERON O. NICHOLS, L.C.A.M.
JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767

SUBJECT: HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.
Ref. Number: N51192

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

OUR RECORDS REFLECTS "JIM NOBLES MANAGEMENT, INC." AS THE CURRENT REGISTERED AGENT. PLEASE SEE PRINTOUT ENCLOSED.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 909A00036719

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOMEOWNERS ASSOCIATION OF MEYERS COVE
Name of Corporation

DOCUMENT NUMBER: N51192

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:

SHERON NICHOLS, LCAM
Name of Contact Person

JIM NOBLES MANAGEMENT, INC.
Firm/Company

251 WINDWARD PASSAGE, SUITE F
Address

CLEARWATER, FLORIDA 33767
City/State and Zip Code

bknouse@ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEVERLY KNOUSE at (727) 441-1454
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

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: HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.
2. The principal office address: %JIM NOBLES MANAGEMENT, INC., 251 WINDWARD PASSAGE, SUITE F, CLEARWATER, FLORIDA 33767
3. The mailing address (if different): _____
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)

   JIM NOBLES MANAGEMENT, INC.
   251 WINDWARD PASSAGE
   SUITE F
   CLEARWATER, FL 33767

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TALLAHASSEE, FLORIDA

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

   SHERON O. NICHOLS, LCAM-Jim Nobles Management, Inc.
   251 Windward Passage, Suite F
   P.O. Box NOT acceptable
   Clearwater, Florida 33767

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.

Lisa G. Matthews
Signature of an officer or director

Lisa G. Matthews, Treasurer
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.

Sheron Nichols
Signature of Registered Agent

Date

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

CR2E045 (8/05)