N9300000001

(Re	questor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificate	s of Status:			
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SECRETARY OF STATE
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MAChange Report Mewis
10-20-09

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 427 McKenzie Avenue POST OFFICE BOX 2327
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN+ CHARLES J. STAFFORD *ALSO MEMBER OF DISTRICT OF COLUMBIA AND MISSOURI BARS

Telephone (850) 769-2501 Facsimile (850) 769-0824

October 13, 2009

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Horizon South XVI, Inc.

Gentlemen:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation, together with a check in the amount of \$35.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.

Sloa

Timothy J.

TJS/mf Encl.

COVER LETTER

TO:	Amendment S Division of C	Section orporations		
SUBJ	JECT:	HORIZON SOI	JTH XVI, INC.	
DOC	UMENT NUM	BER: NS	3000000001	
The e	nclosed Stateme	nt of Change of Registered Of	fice/Agent and fee a	re submitted for filing.
Please	e return all corre	spondence concerning this ma	tter to the following	:
	_		Y J. SLOAN Contact Person	
	_	TIMOTHY .	J. SLOAN, P.A.	
		427 McKE	NZIE AVENUE	
	_	A	ddress	
		PANAMA C City/State	CITY, FL 32401 and Zip Code	
	E-	mail address: (to be used for	r future annual rep	ort notification)
For fu	rther informatio	n concerning this matter, pleas	e call:	
	TIMO	THY J. SLOAN	_{at (} 850	769-2501
	Name	of Contact Person	Area Code	& Daytime Telephone Number
Enclos	sed is a \$35.00 c	heck made payable to the Dep	artment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address: Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: HORIZON SOUTH XVI, INC.	
	office address: 17462 FRONT BEACH ROAD	_
	CITY BEACH, FL 32413	_
3. The mailing a	ddress (if different):	- -
4. Date of incorp	poration/qualification: 12/31/1992 Document number: N9300000001	- -
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	GARTH D. BONNEY, ESQ.	
	436 McKENZIE AVENUE	
	436 McKENZIE AVENUE PANAMA CITY, FL 32401	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered officers	
	TIMOTHY J. SLOAN	
	427 McKENZIE AVENUE P.O. Box NOT acceptable	
	PANAMA CITY, FL 32401	
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
Stephi Finature	e of an officer or director Srepher M. Trails Mes. Master	1 CL
I hereby accept I further agree to of my duties, and document is beir corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Sign	10/13/09 nature of Registered Agent Date	
If signing on bel		
Ty	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *