

N930000001303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

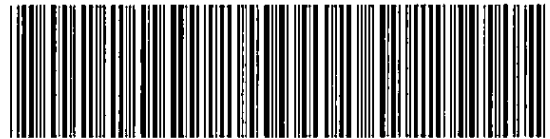
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2023 JUL 27 AM 7:54

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Old Palm Valley Homeowners Association Inc.
Name of Corporation

DOCUMENT NUMBER: N93000001303

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:

Sheree Williams

Name of Contact Person

First Coast Association Management, LLC

Firm/Company

11555 Central Pkwy, Ste 801

Address

Jacksonville, FL 32224

City/State and Zip Code

ofcmgr@firstcoastam.com

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

For further information concerning this matter, please call:

Sheree Williams

at (904) 7179222
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2023

RECEIVED
JUL 27 2023

SEREE WILLIAMS
11555 CENTRAL PKWY, STE 801
JACKSONVILLE, FL 32224 US

SUBJECT: OLD PALM VALLEY HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N93000001303

We have received your document for 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 023A00016164

Please see Attached. Note that check was NOT Returned with this letter so ASSUMING you have processed/deposited check.

Thanks

**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: Old Palm Valley Homeowners Association, Inc
2. The principal office address: 11555 Central Pkwy, Ste 801 Jacksonville, FL 32224
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/22/1993 Document number: N93000001303
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)

John T Ewing

130 Corridor Rd #2055

Ponte Vedra, FL 32004

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

First Coast Association Management, LLC

11555 Central Pkwy, Ste 801

P.O. Box NOT acceptable

Jacksonville, FL 32224

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.

Amy Graham Pres.
Signature of an officer or director

Amy Graham Hon 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]
Signature of Registered Agent

April 28, 2023

Date

If signing on behalf of an entity:

Sheree S. Williams

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 (04/13)