

N94 0000001354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

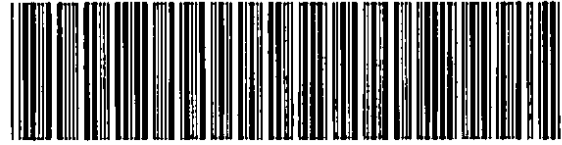
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: River Oaks Plantation Homeowners' Association of St Johns County, Inc.
Name of Corporation

DOCUMENT NUMBER: N94000001354

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:

Michael Hodges

Name of Contact Person

FPM Communities

Firm/Company

10365 Hood Rd S Unit 205

Address

Jacksonville, FL 32257

City/State and Zip Code

mhodges@fpmproperties.com

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

For further information concerning this matter, please call:

Michael Hodges

at (904) 497-4200 ext 222

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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: River Oaks Plantation Homeowners' Association of St Johns County, Inc.

2. The principal office address: 10365 Hood Rd S Unit 205, Jacksonville, FL 32257

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 06/01/2022 Document number: N94000001354

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)

Resigned

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

FPM Communities

10365 Hood Rd S, Unit 205

P.O. Box NOT acceptable

Jacksonville, FL 32257

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SECRETARY
TALLAHASSEE, FL

61170

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.

Dean Persson Signature of an officer or director Dean Persson 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.

FPM Communities Signature of Registered Agent 6-10-2022 Date

If signing on behalf of an entity:

Michael Hodges 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)