

N94 0000001354

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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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 OF STATE
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 Pearson Signature of an officer or director Dean Pearson 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 ***