N9400005529

(Rec	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	∋ #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	70	Silvinia Trick		

Office Use Only



900431144709

06/11/24--01025--004 **35.00

2624 JETETT PIT 1: 06

COVER LETTER

	endment Section fision of Corporations		
SUBJECT: Name of Co	The Gables Homeowners Association. In orporation	c.	
DOCUME	NT NUMBER: N94000005529		
The enclose	d Statement of Change of Registered (Office/Agent and fee a	re submitted for filing.
Please return	n all correspondence concerning this n	natter to the following	:
Theresa DeV	ries		
Name of Co	ontact Person		
Duval Realty	/ Inc.		
Firm/Compa	any		
6196 Lake G	iray Boulevard Suite 103		
Address			
Jacksonville,	. FL 32244		
City/State as	nd Zip Code		
	accounting@duvalrealtyinc.com	n	
E-mail add	ress: (to be used for future annual r	eport notification)	
	`	,	
For further i	information concerning this matter, plo	ease call:	
Theresa DeV	ries	at (904	₁ 367-1818
	Name of Contact Person	Area Code) ³⁶⁷⁻¹⁸¹⁸ & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the D		
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

•		617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of <mark>Florida</mark>	
·-		r registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: The Gables Home	cowners Association, Inc.	
		oulevard Suite 103 Jacksonville, FL 32244	
4. Date of incorp	oration/qualification: 11/08/1994	Document number: N94000005529	
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	RESIGNED	20	
			
		···	
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	77
	Duval Realty Inc.	: 06	
	6196 Lake Gray Boulevard Suite 1	03	
		P.O. Box. NOT acceptable	
	Jacksonville, FL 32244		
The street addre as changed will	ss of its registered office and the be identical.	estreet address of the business office of its registered age	m,
Such change wa a uthosizad by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
Paula Bune		Paula Zumot, President	
	e of an officer or director	Printed or typed name and title	-
l hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered as o comply with the provisions of a d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performa the obligation of my position as registered agent. Or, if t ge in the registered office address, I hereby confirm that t change.	nc thi: the
Theresa C	revies	June 4, 2024	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Theresa L DeVrie	es		
Гу	ped or Printed Name	-	

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