## N9500000349

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Doddinent Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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11/25/09--01010--003 \*\*35.00

SECRETARY OF STATE ALLAHASSEE, FIORIN

APPROVEU AND FILED



## **COVER LETTER**

TO:	Amendme Division o	nt Section of Corporations					
SUBJE	ECT:	River Breeze Homeo	wners Association, Inc.				
DOCU	MENT NU	JMBER: N	9500000349				
The en	closed State	ement of Change of Registered C	Office/Agent and fee are submitted for filing.				
Please	return all co	orrespondence concerning this m	atter to the following:				
		A	an Perry				
		Name o	Contact Person				
Professional Community Management, Inc.							
Firm/Company							
	700 PL - 1' - PL - 1 - 0 - 1' - 440						
			ng Blvd.; Suite 118 Address				
Orange Park, FL 32065							
Orange Park, FL 32065 City/State and Zip Code							
	pcmreception@bellsouth.net						
E-mail address: (to be used for future annual report notification)							
For fur	ther inform	ation concerning this matter, ple	ase call:				
		Alan Perry	at ( 904 ) 298-2321				
	Na	me of Contact Person	at ( 904 ) 298-2321  Area Code & Daytime Telephone Number				
Enclose	ed is a \$35.0	00 check made payable to the Do	epartment of State.				
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section  Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (8/05)

AND THE STATE OF T

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Flor on organized under the laws of the State or registered agent, or both, in the State	of Florida		
1. The name of	the corporation: River Breez	e Homeowners Association	n, Inc.		
2. The principal	office address: 786 Blanding	Blvd., Suite 118			
Orange Pa	ark, FL 32065				
	nddress (if different): 786 Bland Park, FL 32065	ding Blvd., Suite 118			
4. Date of incorp	poration/qualification:1/20	0/1995 Document number:	N95000000349		
	I street address of the current regirtment of State: (If resigned, enter	stered agent and registered office on fileresigned)	e with the		
	Cantrell, Bryan K. c/o Sig	nature Realty & Management,Ir	nc.		
	4003 Hartley Road		· .		
	Jacksonville, FL 32257		09 NOV 25 SECRETAR TALLAHASS		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Alan Perry c/o Professional Community Management, Inc.					
	Alan Perry c/o Profession	al Community Management, Inc			
	786 Blanding Blvd., Suite		2: 2h STALE FLORI		
		. Box NOT acceptable			
	Orange Park, FL 32065				
The street addre as changed will	ess of its registered office and the be identical.	e street address of the business office	of its registered agent,		
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or be been notified in writing of the change	y an officer so		
John	Mul on mll	Joanne McDonne Printed or typed name a			
I hereby accept I further agree to of my duties, and document is beil corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this d	gent and agree to act in this capacity, all statutes relative to the proper and the obligation of my position as regis ge in the registered office address, I h change	complete performance tered agent. Or, if this ereby confirm that the		
9	-(	10/27/0	9		
Sign	nature of Registered Agent	Date	<del></del>		
If signing on bel	half of an entity:				
Ту	Alan Perry yed 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 \* \* \*