

N95000001744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

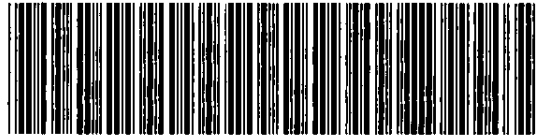
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10-20-09

**TIMOTHY J. SLOAN, P.A.**

ATTORNEYS AND COUNSELORS AT LAW  
427 MCKENZIE AVENUE  
POST OFFICE BOX 2327  
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN\*  
CHARLES J. STAFFORD  
\*ALSO MEMBER OF  
DISTRICT OF COLUMBIA  
AND MISSOURI BARS

TELEPHONE (850) 769-2501  
FACSIMILE (850) 769-0824

October 13, 2009

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Horizon South XIX, Inc.

Gentlemen:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation, together with a check in the amount of \$35.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.

  
Timothy J. Sloan

TJS/mf  
Encl.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HORIZON SOUTH XIX, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N95000001744

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:

TIMOTHY J. SLOAN  
Name of Contact Person

TIMOTHY J. SLOAN, P.A.  
Firm/Company

427 McKENZIE AVENUE  
Address

PANAMA CITY, FL 32401  
City/State and Zip Code

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

For further information concerning this matter, please call:

TIMOTHY J. SLOAN at ( 850 ) 769-2501  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: HORIZON SOUTH XIX, INC.
2. The principal office address: 17462 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/13/1995 Document number: N95000001744
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)

GARTH D. BONNEY, ESQ.

436 McKENZIE AVENUE

PANAMA CITY, FL 32401

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

TIMOTHY J. SLOAN

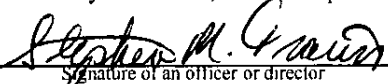
427 McKENZIE AVENUE

P.O. Box NOT acceptable

PANAMA CITY, FL 32401


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.

  
Signature of an officer or director

Stephen M. Travis Pres. Board  
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 of Registered Agent

10/13/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)

**FILED**  
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TALLAHASSEE, FLORIDA