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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT. San Pablo Creek Unit 3A Owners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N96000002886

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:

Michele Richey-Martin

Name of Contact Person

Signature Realty & Management, Inc.

Firm/Company

1301-A Penman Road

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

michelericheymartin@comcast.net

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

For further information concerning this matter, please call:

Michele Richey-Martin

,904 \ 241-5221

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617 unge is submitted for a corporation organized under the laws or to change its registered office or registered agent, or both,	of the State of Florida	
1. The name of t	the corporation: San Pablo Creek Unit 3A Owner	s Association, In	C.
	office address: 822 A1A N., Suite 310, Ponte Ve		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 5/24/1996 Document nu	mber: N96000002	2886
	d street address of the current registered agent and registered rtment of State: (If resigned, enter resigned)	office on file with the	
	Dale Westling		
	331 E. Union Street		
	Jacksonville, FL 32202		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /		
	822 A1A N., Suite 310  P.O Box NOT acceptable		
	P.O Box NOT acceptable  Ponte Vedra, FL 32082	<u> </u>	* } * * * * * * * * * * * * * * * * * *
The street addre	ess of its registered office and the street address of the busil be identical.	ness office of its regist	tered agent,
	as authorized by resolution duly adopted by its board of dir he board, or the corporation has been notified in writing of		
North	n afran Nath		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in the to comply with the provisions of all statutes relative to the f my duties, and I am familiar with and accept the obligation is document is being filed merely to reflect a change in the that the corporation has been notified in writing of this chart	is capacity. proper and complete n of my position as reg registered office addr ange.	gistered ess. I
5	-/E 6/5	/14	
•	enature of Registered Agent	Date	
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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