

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

Office Use Only



100337313231

12/02/19--01011--029 \*\*35.00

2819 FT 1-2 PH 6:23

R. WHITE
JAN 09 222

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: WESTCHASE MANOR HOMEOWNERS' ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N97000001474 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: PHILLIP WICKHAM Name of Contact Person BYERS PROPERTIES, INC. Firm/Company 767 BLANDING BLVD., SUITE 112 Address ORANGE PARK, FL 32065 City/State and Zip Code PHIL@BYERSPROPERTIES.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 2760412 Area Code & Daytime Telephone Number PHILLIP WICKHAM Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation r to change its registered office or	organized under the laws	of the State of FLOR	IDA
	the corporation: WESTCHASE MA		Ž	и.
	office address: 767 BLANDING BI			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 3/10/1997	Document nu	mber: <u>N97000001474</u>	ļ
	I street address of the current regist tment of State: (If resigned, enter r		office on file with the	•
	ELITE REAL ESTATE AND MAN	NAGEMENT, INC.		
	7235 BONNEVAL ROAD SUITE	400		
	JACKSONVILE, FL 32256 US			
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and a	or registered office	2019 650
	PHILLIP WICKHAM			ن زیا
	767 BLANDING BLVD., SUITE I	12		2
		P.O. Box NOT acceptable		PH
	ORANGE PARK, FL 32065 US		······································	on '
The street address changed will	ess of its registered office and the be identical.	street address of the busi	ness office of its regi	∾ is <b>ter</b> ed agent,
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has bo	dopted by its board of direct notified in writing of	rectors or by an office the change.	er so
Ellen Kohl		ELLEN KOHL	PD or typed name and title	
I hereby accept I further agree of my duties, an document is bei	the appointment as registered ag the appointment as registered ag to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang been notified in writing of this cl	ent and agree to act in th ill statutes relative to the he obligation of my positi e in the registered office		
Phillip Wickham Signature of Registered Agent		11/25/19		
	nature of Registered Agent half of an entity:		Date	
Т	yped or Printed Name			
	* * * FILIN	NG FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314