## N97000001656

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJE	CT: Valencia Property Owners Corpo (Name of Corpo	pration  pration)		
DOCU	MENT NUMBER: N97000001656			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the	he following:		
Elton Conant				
Elton Conant (Name of Contact Person)				
Buckeye Association Management (Firm/Company)				
P.O. Box 600099				
(Address)				
Jacksonville, FI 32260 (City/State and Zip Code)				
For further information concerning this matter, please call:				
	Elton Conant at (Name of Contact Person)	( 904 ) 613-8942 (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 check made payable to the Departmen	t 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		



November 13, 2008

ELTON CONANT P.O. BOX 600099 JACKSONVILLE, FL 32260

SUBJECT: VALENCIA PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: N97000001656

We have received your document for VALENCIA PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 508A00057151

Carol Mustain Regulatory Specialist II

D' '.'... CO........ DO DOV COOT Melleberre Floride 20014

## 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 Statute	
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	<u> </u>
Association TA	1.0
1. The name of the corporation: Valencia Property Owners Granding TN	<i>.</i>
2. The principal office address: 11861 Remsen Rd	
Jacksonville, Fl 32223	
3. The mailing address (if different): P.O. Box 600099	
Jacksonville, Fl 32260	
4. Date of incorporation/qualification: 3/24/1997 Document number: N97000001	656
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)	
RESIGNED Delcomyn, Vina	ا الله الله الله الله الله الله الله ال
4213 County Rd 218, Stuite 1	3 <b>8</b>
Middleburg, Fl 32068	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	RY P
Elton Conant	S PAIG
11861 Remsen Rd	
(P.O. Box NOT acceptable)	
Jacksonville, FI 32223	
The street address of its registered office and the street address of the business office of its registered will be identical.	istered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so
(Signature of a follicer or director)  Jeff Control (Printed or typed name and title)	eridant
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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby cor corporation has been notified in writing of this change.	
Elton Concard Now 5 Zoo8  (Signature of Registered Agent) (Date)	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed 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 \* \* \*