

N970000006992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

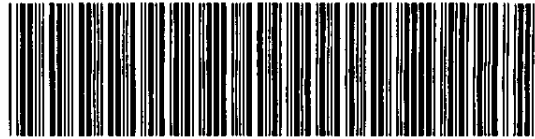
(Business Entity Name)

(Document Number)

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C McNAIR

ANSBACHER LAW

REAL ESTATE · CONSTRUCTION · PERSONAL INJURY
CONDOMINIUMS · HOMEOWNER ASSOCIATIONS

3509 U.S. Highway 17
Fleming Island, FL 32003
904.385.3444

8818 Goodbys Executive Drive
Suite 100
Jacksonville, FL 32217
904.737.4600

1100 South Ponce de Leon Boulevard
Suite 3A
St. Augustine, FL 32084
904.429.4833

389 Palm Coast Parkway SW, Suite 4
Palm Coast, FL 32137
386.445.9789
by appointment only

October 24, 2016

Florida Department of State
Registration Section
ATTN: Division of Corporations
P.O. Box 6250
Tallahassee, FL 32314

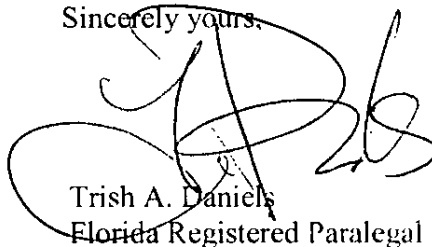
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**RE: Foxchase Unit Three Planned Community Homeowners Association, Inc.
Our File No.: 970154**

Dear Sir/Madam:

Enclosed for the above referenced entity, please find a *Statement of Change of Registered Office for Registered Agent or Both for Corporations* form with cover letter and check in the amount of \$35.00 for the fee associated with same.

Sincerely yours,



Trish A. Daniels
Florida Registered Paralegal

/enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Foxchase Unit Three Planned Community Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Barry Ansbacher
Name of Contact Person

Ansbacher Law
Firm/Company

8818 Goodbys Executive Dr.
Address

Jacksonville, FL 32217
City/State and Zip Code

fad@ansbacher.net

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

For further information concerning this matter, please call:

Trish Daniels

Name of Contact Person

at

904 , 737-4600

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

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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: Foxchase Unit Three Planned Community Homeowners Association, Inc.

2. The principal office address: _____

3. The mailing address (if different): PO Box 65326
Orange Park, FL 32065

4. Date of incorporation/qualification: 12/16/1997 Document number: N91000006992

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)

The CAM Team, Inc.

1008-120 Park Avenue

Orange Park, FL 32073

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

Ansbacher Law, P.A.

8818 Goodlys Executive Dr.

P.O. Box NOT acceptable

Jacksonville, FL 32217

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.

Robert Kusmierczyk
Signature of an officer or director

Robert Kusmierczyk Director / Treasurer / Secretary
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]
Signature of Registered Agent

16/24/16
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 (03/12)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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