N94000004375

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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05/02/22--01049--014 **35.00

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: Amelia Park Neighborhood Association, Inc.
Name	e of Corporation
DOC	CUMENT NUMBER: N98000004375
The c	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Shere	re Williams
Name	e of Contact Person
First (Coast Association Management, LLC
Firm/	Company Company
11555	5 Central Parkway, Suite 801
Addr	ess
Jacks	onville, FL 32224
City/:	State and Zip Code
	ofcmgr@firstcoastam.com
E-ma	ail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
Shere	re Williams 31,6904 398-5365
	Name of Contact Person at (904)998-5365 Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 617.1508, Florida Stat nge is submitted for a corporation organized under the laws of the State of Flor r to change its registered office or registered agent, or both, in the State of Flor	ida	
1 The name of t	he corporation: Amelia Park Neighborhood Association, Inc.		
	office address: 11555 Central Pkwy, Suite 801 Jacksonville, FL 32224		
3. The mailing a	ddress (if different):		
	poration/qualification; 07/29/1998 Document number: N980000043	75	
	I street address of the current registered agent and registered office on file with tement of State: (If resigned, enter resigned)	he	
	Teresa Prince		
	7400 Baymeadows Way Suite 317	202:	5. Y
	Jacksonville, FL 32256	2022 MAY -2	<u> </u>
6. The name and (if changed):	1 street address of the new registered agent (if changed) and /or registered office		A CEL TARY OF A VIOLENT OF COME OF
	First Coast Association Management, LLC	AM 10: I	350 252 253
	11555 Central Parkway, Suite 801	17	
	P.O. Hox NOT acceptable		
	Jacksonville, FL 32224		
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	egistered a	igent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so	
Signatu	re of an officer or director Printed or typed name and title		
I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change.	ete perfori gent. Or confirm th	nance if this at the
) Will 4/24/2022		
	nature of Registered Agent Date		
• •	ES Williams		
	yped or Printed Name		

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