

U4 8000003604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

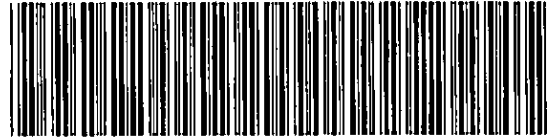
(Business Entity Name)

(Document Number)

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JUN 21 2018

R/A-CH

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FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2018

CHERYL M LEWIS/MIKE DIPERNA
REED ISLAND HOMEOWNERS ASSOCIATION, INC.
11352 REED ISLAND DR
JACKSONVILLE, FL 32225

SUBJECT: REED ISLAND HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N98000005604

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00012037

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Reed Island Homeowners Association
Name of Corporation

DOCUMENT NUMBER: N98000005604

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:

Cheryl M Lewis/Mike DiPerna

Name of Contact Person

Reed Island Homeowners Association

Firm/Company

11352 Reed Island Dr

Address

Jacksonville Florida 32225

City/State and Zip Code

Cheryl.lewis1@comcast.net /

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

For further information concerning this matter, please call:

Cheryl M Lewis

Name of Contact Person

at (904) 860-4066

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**

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: Reed Island Homeowners Association, INC.
2. The principal office address: 11352 Reed Island Dr
Jacksonville Florida 32225
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 09/29/1998 Document number: N98000005604

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)

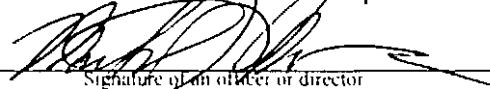
resigned - Sarantowski, shernie
12620-3 Beach Blvd #301
Jacksonville FL 32246

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

Cheryl M Lewis
11352 Reed Island Dr
P.O. Box NOT acceptable
Jacksonville FL 32225

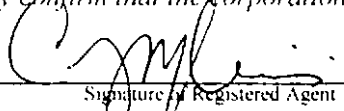
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

President - Mike DiPerna
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 of Registered Agent

6/2/18
Date

If signing on behalf of an entity:

Cheryl M Lewis Sec-Trea Reed Island HOA
Typed or Printed Name

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