## 119800006876

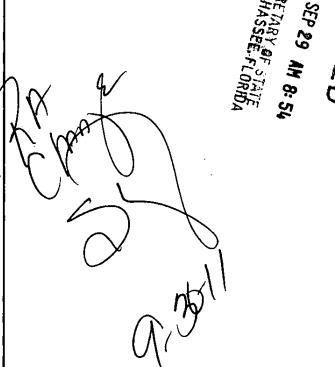
<b>■</b> (Red	questor's Name)		_
(Add	dress)		_
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(City	//State/Zip/Phone	<del>;</del> #)	_
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nam	ne)	
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Certified Copies	Certificates	of Status	
Special Instructions to F	Filing Officer:		
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## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations		
SUBJECT:	Southampton Commun	corporation, Inc.	_
DOCUMENT NU	MBER: N98	3000006876	<del></del>
The enclosed State	ment of Change of Registered Offic	ce/Agent and fee are submitted for	filing.
Please return all co	orrespondence concerning this matte	er to the following:	
		Woods	
·	Name of Co	ontact Person	_
		Team, LLC	_
	Firm/C	ompany	
	•		
		rk Avenue	-
	Ade	dress	
	Orange Pa	rk, Fl 32073 and Zip Code	_
	City/State a	ind Zip Code	_
	RemaxCAM@	Acomoset net	
-	E-mail address: (to be used for	future annual report notification	<del>,</del>
			,
For further informa	ation concerning this matter, please	call:	
	Linda Woods	at ( 904 ) 27	8-2338
Nai	me of Contact Person	at ( <u>904</u> ) 27 Area Code & Daytime Tele	phone Number
Enclosed is a \$35.0	00 check made payable to the Depart	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

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

statement of cha	provisions of sections 607.0302, 617.0302, 6  ange is submitted for a corporation organized	d under the laws of the State of Flo	rida
	er to change its registered office or registered		ida.
	the corporation: Southampton Com	munity Association, Inc	
2. The principal	office address: 1008 Park Avenue		-
Orange Pa	ark, Florida 32073	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	address (if different): Same		
4. Date of incor	poration/qualification: /2/7/1998	Document number: N98	000006876
	d street address of the current registered agen rtment of State: (If resigned, enter resigned)	t and registered office on file with the	ne
	Jennifer L. Latka, All Property Man	nagement, Inc.	
	8282 Western Way Cir Ste 1149		<b>F</b> . <b>2</b>
	Jacksonville, FL 32256		ECA!
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and /or registered office	7 6 7
	The CAM Team, LLC		
	1008 Park Avenue	į	Se on C
	P.O. Box NOT acc	ceptable	
	Orange Park, Florida 32073		
The street address changed will	ess of its registered office and the street add be identical.	dress of the business office of its re	egistered agent,
Such change was authorized by the	as authorized by resolution duly adopted by he board, or the corporation has been notifi	y its board of directors or by an offed in writing of the change.	ficer so
Signatu	regot an officer or director	Dion James Printed or typed name and title	<del></del>
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered agent and a to comply with the provisions of all statutes ad I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	gree to act in this capacity. s relative to the proper and comple tion of my position as registered a egistered office address, I hereby o	ete performance gent. Or, if this confirm that the
	nature of Registered Agent	9/20/2011 Date	
If signing on be	chalf of an entity:	~ 110	
_	Linda Woods		
Т	yped 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 (8/05)