

P00000068089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

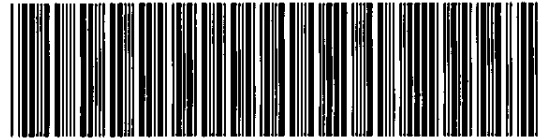
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2007

Barbara Keyes
12443 San Jose Blvd., Ste. 701
Jacksonville, FL 32223

SUBJECT: MAGNOLIA HOMES, INC.
Ref. Number: P00000068089

Upon receipt of your check to change the registered agent no document was found. Enclosed is the correct form. Also I wanted to let you know that the agent could have been changed on the 2007 annual report at no additional fee.

*ya
thanks!*

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 607A00017849

RECEIVED
07 APR -3 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magnolia Homes, Inc
(Name of Corporation)

DOCUMENT NUMBER: 68089 letter 607A 00017849

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:

Barbara Keyes
(Name of Contact Person)

Magnolia Homes, Inc
(Firm/Company)

PO Box 600458
(Address)

Jacksonville, FL 32259
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Keyes at (904) 260-5363
(Name of Contact Person) (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: Magnolia Homes, Inc
2. The principal office address: 12443 San Jose Blvd Ste 701
Jacksonville, FL 32223
3. The mailing address (if different): P.O. Box 600458
Jacksonville, FL 32259
4. Date of incorporation/qualification: _____ Document number: 68089

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Barbara Allen
Same 12443 San Jose Blvd Ste 701
Jacksonville, FL 32223

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

Barbara Keyes
12443 San Jose Blvd Ste 701
(P.O. Box NOT acceptable)
Jacksonville, FL 32223

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR -3 PM 3:16

FILED

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.

Barbara Keyes
(Signature of an officer or director)

Barbara Keyes
(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.

Barbara Keyes
(Signature of Registered Agent)

3-30-2007
(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