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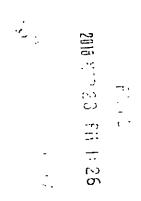
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Special Instructions to Filing Officer:		





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## **COVER LETTER**

Division of Corporations			
SUBJECT: Salt Springs Recreation Club Inc. Name of Corporation			
DOCUMENT NUMBER: <u>P0600010850</u>			
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:			
Ed Mayer Name of Contact Person			
Salt Springs Recreation Club, Inc.			
14100 N Hwy 19 Suite A			
Salt Springs FL 32/34 City/Spate and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Fd Mayer at (352) 685./900  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			

CR2E045 (03/12)

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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: Salt Springs Recreation Club, Inc
2. The principal office address: 14100 N Hoby 19, Suite 17
Salt Springs, FL 32134
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/22/2006 Document number: P0600010850
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)
Skates Jeffrey
1028 Lake Sumter Landing
The Villages, FL 32162
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Edward Mayer
14100 N Hwy 19 Suite A
Sult Springs, Fc 32134
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.
X relian KOUMONAYON
Signature of an officer or director  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 l'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.
X Signature of Registered Assent  M Mut 27 10 16  Date
If signing on behalf of an entity.
Typed or Printed Name

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