

PI00000094229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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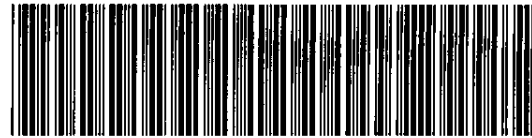
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV - 1 PM 3:14

RA/RD/chg
@ 11/1/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fleming Island Directories
Name of Corporation

DOCUMENT NUMBER: P10000094229

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:

Carolyn O. Hebel
Name of Contact Person

Fleming Island Directories, Inc.
Firm/Company

413 West Mill Chase Court
Address

Ponte Vedra Beach, FL 32082-5116
City/State and Zip Code

flemingislanddirectories@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn O. Hebel at (904) 543-8769
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2011

CAROLYN O. HEBEL
FLEMING ISLAND DIRECTORIES, INC.
413 WEST MILL CHASE COURT
PONTE VEDRA BEACH, FL 32082-5116

SUBJECT: FLEMING ISLAND DIRECTORIES, INC.
Ref. Number: P10000094229

We have received your document for FLEMING ISLAND DIRECTORIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 411A00024308

RECEIVED
11 NOV - 1 PM 1:07
TALLAHASSEE, FLORIDA

**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: Fleming Island Directories, Inc.

2. The principal office address: 413 West Mill Chase Court, Ponte Vedra Beach, FL 32082-5116

3. The mailing address (if different): P.O. Box 600978, Jacksonville, FL 32260

4. Date of incorporation/qualification: 11/17/10 Document number: P10000094229

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)

10/28/11 { ~~CorpAmerica Corporation Service Company~~
~~PO Box 13397~~ 1201 Hays St.
~~Philadelphia, PA 19101-3397~~ Tallahassee, FL 32301

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

Carolyn O. Hebel

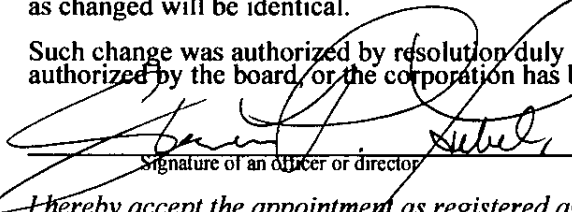
413 West Mill Chase Court

P.O. Box NOT acceptable

Ponte Vedra Beach, FL 32082-5116

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

Steven P. Hebel, 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 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.

Carolyn O. Hebel
Signature of Registered Agent

October 19, 2011
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

FILED
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DIVISION OF CORPORATIONS
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