

P/30000230 84

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

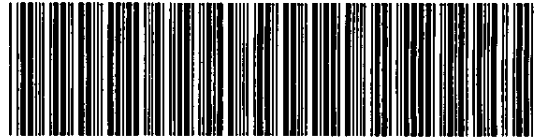
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SECRETARY OF STATE
TREASURY DIVISION
1000 PENNSYLVANIA AVENUE
HARRISBURG, PA 17120

18 APR 16 AM 11:15

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APR 20 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Valley Shores, Inc

Name of Corporation

DOCUMENT NUMBER: P13000023084

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:

Tamara Harris

Name of Contact Person

Palm Valley Shores

Firm/Company

539 Canal Rd

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

tamkharris2@bellsouth.net

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

For further information concerning this matter, please call:

Tamara Harris

Name of Contact Person

at 904 635-6524

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: Palm Valley Shores, Inc
2. The principal office address: 539 Canal Rd
Ponte Vedra Beach, FL 32082
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P13000023084

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)

CT Corporation.com

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

Tamara Harris

539 Canal Rd

P.O. Box NOT acceptable

Ponte Vedra Beach, FL 32082

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]
Signature of an officer or director

John B. Harris, MD

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]
Signature of Registered Agent

March 28, 2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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