

P19000038548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

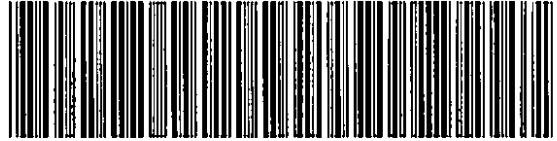
(Business Entity Name)

(Document Number)

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07/22/20--01005--027 **10.00

05/26/20--01012--013 **25.00

FILED
2020 JUL 10 PM 4:39
CLERK OF COURT
JUL 10 2020

JUL 21 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE 2020 JUN 16 PM 2:10
Division of Corporations

June 16, 2020

GREG WEEKLEY
HIGHPOINTE HOTEL CORPORATION
PO BOX 760
GULF BREEZE, FL 32562

SUBJECT: COBBLE CREEK HOTEL CORPORATION
Ref. Number: P19000038548

We have received your document for COBBLE CREEK HOTEL CORPORATION and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 220A00011793

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cobble Creek Hotel Corporation
Name of Corporation

DOCUMENT NUMBER: P19000038548

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:

Greg Weekley
Name of Contact Person

Highpointe Hotel Corporation
Firm/Company

PO Box 760
Address

Gulf Breeze, FL 32542
City/State and Zip Code

greg@highpointe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Weekley at (850) 932-9314
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Cobble Creek Hotel Corporation
2. The principal office address: 311 Gulf Breeze Pkwy
Gulf Breeze, FL 32561
3. The mailing address (if different): PO Box 760 Gulf Breeze, FL 32562
4. Date of incorporation/qualification: 5/1/19 Document number: P19000038548
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)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

Gregory L. Weekley
311 Gulf Breeze Pkwy
Gulf Breeze, FL 32561

P.O. Box NOT acceptable

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

Dave Cleveland (shareholder)
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 of Registered Agent

7/7/20
Date

If signing on behalf of an entity:

na
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
CR2E045 (04/13)