

P950000048197

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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RA  
Change

10/26/12--01004--001 \*\$5.00

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2012 OCT 25 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
10/26/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunliner Realty Group Inc  
Name of Corporation

**DOCUMENT NUMBER:** P950000 48197

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:

Maryway Jacobs  
Name of Contact Person  
Sunliner Realty Group Inc  
Firm/Company  
461 A1A Beach Blvd  
Address  
St Augustine FL 32080  
City/State and Zip Code  
Maryjacobs@Sunrealty.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Jacobs at 904 471 3066  
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: Sunliner Realty Group Inc
2. The principal office address: 461 A1A Beach Blvd  
St Augustine FL 32080
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 14/1985 Document number: P95000048197
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)  
Philip H. Jacobs Deceased

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

Maryway Jacobs  
461 A1A Beach Blvd  
St Augustine FL 32080

P.O. Box NOT acceptable

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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.

Ellen Lumpkin  
Signature of an officer or director

Ellen Lumpkin President  
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.

Maryway Jacobs  
Signature of Registered Agent

10-21-12  
Date

If signing on behalf of an entity:

Maryway Jacobs Sunliner  
Typed or Printed Name Realty Group Inc

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

## OFFICE of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2012265773

DATE ISSUED: October 12, 2012

## DECEDENT INFORMATION

STATE FILE DATE: October 9, 2012

NAME: PHILIP JACOBS

DATE OF DEATH: October 2, 2012

SEX: MALE

AGE: 073 YEARS

DATE OF BIRTH: December 8, 1938

SSN: 315-30-6764

BIRTHPLACE: FOWLER, INDIANA

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 311 WEFF ROAD

LOCATION OF DEATH: ST AUGUSTINE, ST JOHNS COUNTY

## SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE: MARY WAY

RESIDENCE: 311 WEFF ROAD, ST AUGUSTINE, FLORIDA 32080

COUNTY: ST JOHNS

OCCUPATION, INDUSTRY: OFFICER, UNITED STATES NAVY

RACE: ☒ White☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: MASTERS DEGREE (E.G., MA, MS..)

EVER IN U.S. ARMED FORCES? YES

## PARENTS AND INFORMANT INFORMATION

FATHER: KARL M JACOBS

MOTHER: FRANCES HUBBARD

INFORMANT: MARY JACOBS

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 311 WEFF ROAD, ST AUGUSTINE, FLORIDA 32080

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: CRAIG CREMATORY MEMORIAL PARK  
ST AUGUSTINE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: RUSSELL D. HALL, F044188

FUNERAL FACILITY: CRAIG FUNERAL HOME INC F040444

1475 OLD DIXIE HWY, ST AUGUSTINE, FLORIDA 32084

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0510

CERTIFIER'S NAME: R H MCBRAYER

CERTIFIER'S LICENSE NUMBER: ME74403

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

REQ: 2013196075



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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

