P48000023813

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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T SOMEOEDER

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 947855 , 7437312

AUTHORIZATION : STALL

COST LIMIT : \$ 87.50

ORDER DATE: October 8, 2019

ORDER TIME : 11:55 AM

ORDER NO. : 947855-005

CUSTOMER NO: 7437312

DOMESTIC AMENDMENT FILING

NAME: HUNTER'S RIDGE RESIDENTIAL

GOLF PROPERTIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations	
SUBJECT: Hunter	s Ridge Residential Golf Properties, Inc. (Name of Corporation)
DOCUMENT NUMBER: F	98000023813
The enclosed Resignation of Regis	tered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Kim C. Booker	
(Name of Per	son)
Booker & Associates,	P.A.
(Name of Firm/C	ompany)
1019 Town Center Drive	, Suite 201
(Address)	·
Orange City, Florida 3	2763
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Kim C. Booker	at (386) 774-6552
(Name of Person)	(Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Kim C. Booker (Name of Registered Agent)	
hereby resigns as Registered Agent for _	Hunter's Ridge Residential Golf Properties, I (Name of Corporation)	nc
P98000023813		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which gnature of Resigning Agent)	
If signing on behalf of an entity:		
	Typed or Printed Name)	
	(Capacity)	j

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314