

P9400027/12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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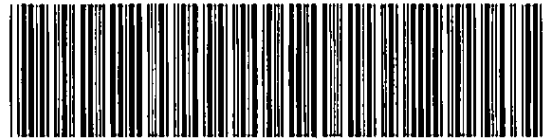
(Business Entity Name)

(Document Number)

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OCT 15 2018

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RIA-CH

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Country Acre Homesites, Inc  
Name of Corporation

DOCUMENT NUMBER: PP9 0000 27 112

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:

MARY MARTINEZ  
Name of Contact Person

Country Acre Homesites, Inc  
Firm/Company

2480 E. S.R. 80  
Address

LaBelle, FL 33935  
City/State and Zip Code

MARY, MARTINEZ @ CHC Holdings. com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY MARTINEZ at (239) 229-2199  
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: COUNTRY ACRE HOMESITES, INC.  
2. The principal office address: 467 US Highway 27 N  
Lake Placid, FL 33852  
3. The mailing address (if different): 2480 E. State Rd 80  
Labelle, FL  
4. Date of incorporation/qualification: 3/24/99 Document number: PG900027112  
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)

ROBERT C. ERVIN  
467 US Hwy 27 N  
Lake Placid, FL 33852

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

MARY MARTINEZ  
2480 E. State Rd 80  
Labelle, FL 33935

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]  
Signature of an officer or director

P. CHARLES ERVIN Secretary  
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

9/14/18  
Date

If signing on behalf of an entity:

Mary Martinez  
Typed or Printed Name

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