V30984

(Re	questor's Name)		
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(Ad	dress)		
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(Cit	ty/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nam	e)	
(Do	ocument Number)		
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Certified Copies Certificates of Status			
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Special Instructions to	Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Grey Oaks Country Club, Inc.

Name of Corporation

DOCUMENT NUMBER: V

V30984

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:

Jeannie Manos

Name of Contact Person

Grey Oaks Country Club Inc.

Firm/Company

2400 Grey Oaks Drive N.

Address

Naples, FL 34105

City/State and Zip Code

jmanos@greyoakscc.com

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

For further information concerning this matter, please call:

Jeannie Manos

239

262-5550

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

statement of change is submitted for	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this r a corporation organized under the laws of the State of Florida
	stered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Gr	rey Oaks Country Club, Inc.
2. The principal office address: 241	00 Grey Oaks Drive N., Naples, FL 34105
	
3. The mailing address (if different)): <mark>same</mark>
4. Date of incorporation/qualification	on: 423 92 Document number: V30984
5. The name and street address of the Florida Department of State: (If r	he current registered agent and registered office on file with the resigned, enter resigned)
James E. Bu	tler - RESIGNED
2400 Grey O	aks Drive N.
Naples, FL 3	34105
6. The name and street address of the (if changed):	tott
Michael R. S	tott
2400 Grey O	tott P.O. Box NOT acceptable
	P.O. Box NOT acceptable
Naples, FL 3	34105
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by res	solution duly adopted by its board of directors or by an officer so paration has been notified in writing of the change.
Signature of an other or director	Towned Y. M. Council (F)
I hereby accept the appointment as I further agree to comply with the performance of my duties, and I ar	s registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as registered ig filed merely to reflect a change in the registered office address, I in has been notified in writing of this change.
22/204	/2-29-17 Date
Signature of Registered Agen	Date
If signing on behalf of an entity:	
Michael R. Stott	
Typed or Printed Name	4.4. PH INC PRE 025.00.4.4.4
	* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314