721.943

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ddress) | <u> </u> |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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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, the undersigned corporation organized under the laws of the State of Floridae |
|--|
| submits the following statement in order to change its registered office or registered agent, or both, in |
| the State of Florida. 1. The name of the corporation is: Shelter Cove Resort Conclominium, Inc. |
| 1. The name of the corporation is: STICHT COVE TESOIC CONCINIMATION, LYC. |
| 2. The mailing address of the corporation is: 101 Park Place Blvd., Suite Z |
| Kissimmee, FL 34741 |
| 3. Date of incorporation/qualification: 16/26/71 Document number: 72/943 |
| 4. The name and address of the current registered agent and office: |
| association Management and of Gentral, FIZE & |
| 101 Park Place Blvd Suite 2 |
| Kissimmee FL 34741 |
| |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable). Leland Management, Inc. 8009 South Ocapae Ove. |
| 8009 South Orange ave. 智慧 & |
| Orlando, FL 32809 |
| 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. |
| (Signature of an officer, chairman of vice chairman of the board) |
| Printed of typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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. |
| Lebecu In 1-24-05 |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |
| * * * FILING FEE: \$35.00 * * * |
| CR2E045(7/97) |

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS