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COVER LETTER

TO: Amendment Section Division of Corporations THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOC., INC. SUBJECT: Name of Corporation 749171 DOCUMENT NUMBER 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: DIANA SAVASTA Name of Contact Person SCANNAVINO, INC. Firm/Company 720 BROOKER CREEK BLVD. STE. 206 Address OLDSMAR, FL 34677 City/State and Zip Code DSAVASTA@MGMT-ASSOC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIANA SAVASTA 813 433-2030
Area Code & Daytime Telephone Number Name of Contact Person 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 cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508. Florida Statutes, this image is submitted for a corporation organized under the laws of the State of FLORIDA or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOC., INC
	office address: 720 BROOKER CREEK BLVD. SUITE 206 AR, FL 34677
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 10/03/1979 Document number: 749171
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	COMMUNITY MANAGEMENT SERVICES
	5837 TROUBLE CREEK RD.
	NEW PORT RICHEY, FL 34652
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	SCANNAVINO, INC.
	720 BROOKER CREEK BLVD., SUITE 206
	OLDSMAR, FL 34677
The street addre	ess of its registered office and the street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Nignatio	Driving Mr. H. Die School School School String on typed name and title
I further agrée performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the copporation has been notified in writing of this change.
Dellen	chtamorea 06-08-17
- 12	mature of Registered Agent Date
If signing on be	chalf of an entity:
	yped or Printed Name

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