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COVER LETTER

For further information concerning this matter, please call:

JOH Y EWING at 904 280-7616

(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
409 E. Gaines Street
Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SPINNHICERS REACH COMOD ASSOC. 113 C.
2. The principal office address: 4200 MARSH LANOING BLVO, SVITE ZOD
JACKSON VILLE BEACH, FL 32250
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/9/79 Document number: > 19 256
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
STEPHEN C. LOVELAND
4200 MARSH LANDING BLUO. SVITE 200
JACKSON VILLE BEACH, FL 32250
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOHN EWING
200 EXECUTIVE WAY SVITE 111 TO BE TO
PONTE VENRA, FL 320+2
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 of an officer or director) (Printed or typed name and true)
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 of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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