753807

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800272682698

Charse

05/08/15--01035--003 **35.00



5/15/15

COVER LETTER

Amendment Section Division of Corporations Hutchinson Island Beach Club Inc. Name of Corporation 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: William Snow Name of Contact Person Hutchinson Island Beach Club Inc. Firm/Company 9800 S. Ocean Drive Jensen Beach, Florida 34957 City/State and Zip Code ibc9800@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Snow Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Hutchinson Island Beach Club Inc.
2. The principal	office address: 9800 S. Ocean Blvd.
	each, Florida 34957
3. The mailing a	ddress (if different): Same
4. Date of incorp	poration/qualification: 8/19/1980 Document number: 753807
5. The name and	I street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)
	Dicker, Krivok & Stoloff, PA
	1818 Australian Ave., South, Suite 400
	West Palm Beach, FI 33409
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Ross, Earle & Bonan, PA
	789 S.W. Federal Hwy. Suite 101
	9.0. Bus NOT acceptable Street Florido 24004
	Stuart, Florida 34994
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change w authorized by t	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.
Signal	We of an officer of director A. P. C. 1. Z. ? EV TI GIR Proposition of the condition of th
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t 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 f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	practises of Registered Agrant Date
	chalf of an emity:
Debor	ah Ross Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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