758993

(Requestor's Name)		
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(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
. (Business Entity Name)		
(Document Number)		
Contillinat Coming		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS

ON MAR 1 AM 8: 35

COVER LETTER

Division of Corporations
SUBJECT: Silver Sands Beach & lacquet Club Condo ASSOC. Inc. (Name of Corporation) (Building A)
DOCUMENT NUMBER: 59 - 269 5617
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:
Brooke Sm. H (Name of Contact Person)
RAMPART Propertion, Inc. (Firm/Company)
9887 4th Street N. Suite #301
ST PETERS DWG CL 33702 (City/State and Zip Code)
For further information concerning this matter, please call:
Rrooke Snith at 127 577-7200 (Name of Contact Person) at (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 a corporation organ		
in order to change its registered office or regis.		
1. The name of the corporation: Silver Sanc	1.0	
2. The principal office address: 9887 4"	ST N Suite #301 ASSOL	
2. The principal office address: To Perfect &		
	5 10 29 10 25 10 2	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 7-1-5	Document number:	
5. The name and street address of the current registered Florida Department of State:	agent and registered office on file with the	
Community my	anagement Concepts. The	
4585 104 A	2.0	
1000 109 11VE 10 SIGNETICE		
_ Clearwater	P(35)16L 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office	
Rampart Proper	itire, the	
0997 114 55	1) C + + + Zn1	
(P.O. Box NOT acceptable	10)	
ST PETERS bus	9 FL 33702	
The street address of its registered office and the stree as changed will be identical.	et address of the business office of its registered agent,	
Such change was authorized by resolution duly adopte authorized by the board or the corporation has been n	ed by its board of directors or by an officer so on the change.	
(Signature of an officer or director)	RICHARD (CECT) (Printed or typed name and title)	
	and agree to act in this capacity. Itutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the te.	
3 h 75	3-9-09	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
Brooke Smith		
(Typed or Printed Name)		

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