## Requestor's Name

LAW OFFICES OF
WACKEEN, CORNETT, GOOGE & ROSS, P. A.
P. O. BOX 66
STUART, FLORIDA 34995

Office Use Only

IBER(S), (if known):

2(Cor	poration Name)  poration Name)  poration Name)	(Document  (Document  (Document	#)	98 WN 26 PH 2: 02
Profit NonProfit Limited Liability Domestication	AMENDMENT  Amendment  Resignation of R.A.,  Change of Registered  Dissolution/Withdray	hotocopy  S  Officer/ Director  I Agent	Certified Copy Certificate of Statu  BOOOS  -05/26 *****	
Other  OTHER FILINGS  Annual Report  Fictitious Name  Name Reservation	Merger  REGISTRAT  QUALIFICAT  Foreign  Limited Partnership  Reinstatement		Phoh9	

Trademark

Other

Examiner's Initials

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

Pursuant to the provisions of Section 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. The name of the corporation is:

Fairwinds Cove III Condominium Association, Inc.

2. The mailing address of the corporation is:

c/o Advantage Property Management P. O. Box 65 Jensen Beach, Florida 34958-0065

3. Date of Incorporation:

Date: April 14, 1983

Charter/Document Number: 767959

4. The name and address of the current registered agent and office:

Lorraine Forte 1274 N.E. Business Park Place Jensen Beach, Florida 34957

5. The name and address of the new registered agent and office (Post Office Box not acceptable):

JANE L. CORNETT, ESQUIRE WACKEEN, CORNETT & GOOGE, P.A. 401 EAST OSCEOLA STREET STUART, FL 34994

The street address of its registered agent and registered agent as changed will be identical.	d the street address of the business office of its .
Such change was authorized by resolution dofficer so authorized by the Board.	uly adopted by its Board of Directors or by an
Signature of officer, Chairman	Print Name and Title Karruen
DATED this 21 day of May, 1998.	
PROCESS FOR THE ABOVE STATED COI IN THIS CERTIFICATE, I HEREBY ACCE AGENT AND AGREE TO ACT IN THIS CA WITH THE PROVISIONS OF ALL STAT COMPLETE PERFORMANCE OF MY DO ACCEPT THE OBLIGATION OF MY POST	ED AGENT AND TO ACCEPT SERVICE OF RPORATION AT THE PLACE DESIGNATED EPT THE APPOINTMENT AS REGISTERED APACITY. I FURTHER AGREE TO COMPLY TUTES RELATIVE TO THE PROPER AND UTIES, AND I AM FAMILIAR WITH AND ITION AS REGISTERED AGENT.  SAUE L. CORNEY-Printed Name of Registered Agent
DATED this \(\frac{1}{2}\) day of May, 1998.	
If signing on behalf of an entity:	
Printed Name	Capacity