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Florida Department of State  
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Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
AQUARINA COMMUNITY SERVICES ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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JAN 22 2015  
T. CARTER

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Aquarina Community Services Association, Inc.
- 2. The principal office address: 450 Aquarina Blvd.  
Melbourne Beach, FL 32951
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 06/08/1983 Document number: 789066
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Dean Mead Services, LLC  
8240 Devereaux Drive, Suite 100  
Viera, FL 32940
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Dean Mead Services, LLC  
7380 Murrell Road, Suite 200  
P.O. Box NOT acceptable  
Viera, FL 32940

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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]  
Signature of an officer or director

WIGGANT LESLIE President ACSA  
Printed or typed name and title

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.

R. Mason Blake, V.P.  
Signature of Registered Agent

January 5, 2015  
Date

If signing on behalf of an entity:

By: R. Mason Blake, Vice President  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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