N03000009948

(Requesto	or's Name)		
(Address)			
(Address)		_	
(City/State	e/Zip/Phone #)		
PICK-UP	WAIT] MAIL	
(Business	Entity Name)		
(Document Number)			
Certified Copies	Certificates of State	us	
Special Instructions to Filing	Officer:		

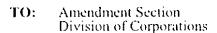
Office Use Only

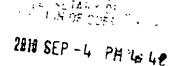


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09/06/18--01002--010 **35.00

COVER LETTER





SUBJECT: Pebble	Beach at Laguna Lakes
	Name of Corporation
DOCUMENT NUMBER:	N03000009948

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:

Michelle Welchman, CAM Name of Contact Person Resort Management Firm/Company 2685 Horseshoe Dr S Ste 215 Address Naples, FL 34104 City/State and Zip Code Imarshall@resortgroupinc.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Welchman	_{at (} 239	,649-5526
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 <mark>Florida in order to change its registered office or registered agent, or both, in the State of Florida.</mark>	· · · · · · · · · · · · · · · · · · ·
1. The name of the corporation: Pebble Beach at Laguna Lakes Association, Inc.	
2. The principal office address: c/o Resort Management, 2685 Horseshoe Dr S., S Naples, FL 34104	te 215,
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/14/03 Document number: N0300000994	8
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)	
Sarah Spector-Roetzel & Andress	
2320 First Street Suite 100	
Fort Myers, FL 33901	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	36 Mei 17 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Resort Management	***
2685 Horseshoe Dr. S., Ste 215 P.O. Box. NOT acceptable	
P.O. Box NOT acceptable Naples, FL 34104	n ja
The street address of its registered office and the street address of the business office of its registered is changed will be identical.	agent,
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.	
Marion Strong, President Signature of an office or director Marion Strong, President Printed or typed name and little	
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 register agent. Or, if this document is being filed merely to reflect a change in the registered office address, in the registered office address, in the confirmation has been notified in writing of this change.	red '
Signature of Registered Agent 8/3/18 Date	
If signing on behalf of an entity:	
Andrew S. Provost	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name