

NO3 000000 9948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

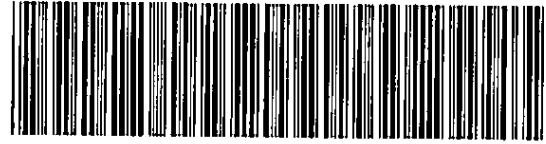
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

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:

Tosh Tricas
Name of Contact Person

Compass Rose Management
Firm/Company

1010 N.E. 9th Street Suite A
Address

Cape Coral, FL 33909
City/State and Zip Code

tosh@crmf1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tosh Tricas at (239) 309-0622
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: Pebble Beach at Laguna Lakes Association, Inc.

2. The principal office address: 1010 N.E. 9th Street Suite A
Cape Coral, FL 33909

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/14/2003 Document number: NO3000009948

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)

Resort Management
2685 Horseshoe Drive S. Suite 210
Naples, FL 34104

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Compass Rose Management
1010 N.E. 9th Street Suite A
P.O. Box NOT acceptable
Cape Coral, FL 33909

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] President Dennis M. Early President
Signature of an officer or director 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.

[Signature] Agent For The Board 7-16-20
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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