## N04000004762

(Re	equestor's Name)			
Ç	,			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)	)		
(Document Number)				
Certified Copies	_ Certificates of	f Status		
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02/18/14--01011--004 \*\*35.00

SECRETARY OF STATE

C. LEWIS
FEB 1 8 2014
EXAMINER

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: The Mars	Name of (	Corporation	on, ing	
DOCUMENT NUMBER:	OCUMENT NUMBER: N0400004762			
The enclosed Statement of	Change of Registered Offi	ce/Agent and fee are submit	ted for filing.	
Please return all correspond	ence concerning this matte	er to the following:		
		n Millard ontact Person	<del> </del>	
Perdido Sand Realty, Inc. Firm/Company				
		auer Road dress		
	Pensacola City/State a	a, FL 32507 and Zip Code		
E-mail	Shawn@Percaddress: (to be used for	lidoSand.com future annual report notif	ïcation)	
For further information concerning this matter, please call:				
	n Millard	at ( <u>850</u> ) Area Code & Dayti	492-2000	
Name of Co	ntact Person	Area Code & Dayti	me Telephone Number	
Enclosed is a \$35.00 check	made payable to the Depa	rtment of State.		
An Di	niling Address: nendment Section vision of Corporations D. Box 6327	Street Address: Amendment So Division of Co Clifton Buildi	orporations	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change is s	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flore submitted for a corporation organized under the laws of the State ange its registered office or registered agent, or both, in the State	of Florida
1. The name of the corp	poration: The Marseilles Condominium Owners	Association, Inc.
2. The principal office a	address: 16549 Perdido Key Drive, Pensacola, FL 32	507
3. The mailing address (	(if different): P.O. Box 34423, Pensacola, FL 32507	
4. Date of incorporation	n/qualification: 5/12/2004 Document number:	N04000004762
	address of the current registered agent and registered office on fil of State: (If resigned, enter resigned)	e with the
Grace	e K. Eris w/ Aquatic Realty	
1450	08 Perdido Key Drive	77 e/? 1
Pens	sacola, FL 32507	
6. The name and street a (if changed):	address of the new registered agent (if changed) and /or registered	d office
Theo	odore Johnson w/ Perdido Sand Realty, Inc.	<u> </u>
5615	Bauer Road	
Donn	P.O. Box NOT acceptable  Sacola, FL 32507	*** ***
***************************************	ts registered office and the street address of the business office ntical.	of its registered agent,
Such change was authorized by the board	orized by resolution duly adopted by its board of directors or bid, or the corporation has been notified in writing of the change	y an officer so
Signature of an of	There or director Printed or typed name	oilkinen
I hereby accept the app I further agree to comp of my duties, and y an document is being fleat corporation has jeen n	pointment as registered agent and agree to act in this capacity ply with the provisions of all statutes relative to the proper and familiar with and accept the obligation of my position as regis d merely to reflect a change in the registered office address, I I notified in writing of this change.	complete performance stered agent. Or, if this hereby confirm that the
Sgnatole of	Registered Agem 2/13/201	4
If signing on behalf of	an entity:  Jothan  Trinted 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 CR2E045 (8/05)