

N04 000000 7518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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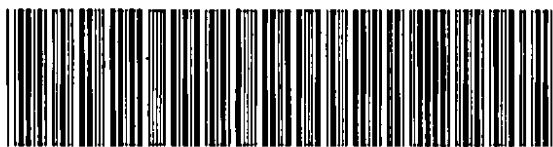
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Aquilus Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000007518

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:

Robyn Severs
Name of Contact Person
Becker & Poliakoff, P.A.
Firm/Company
111 N. Orange Ave., #1400
Address
Orlando, FL 32801
City/State and Zip Code
rsevers@beckerlawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Severs at (850) 664-2229
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

20 AUG 12 AM 11:12
DEPT OF STATE

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: Aquilus Condominium Association, Inc.
2. The principal office address: 917 1st St N, Suite 205, Jacksonville Beach, FL 32250

3. The mailing address (if different): same

4. Date of incorporation/qualification: 07/30/2004 Document number: N04000007518

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)

Becker & Poliakoff, P.A.
100 Whetstone Place, Suite 302
St. Augustine, FL 32086

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

Becker & Poliakoff, P.A.
111 N. Orange Ave. #1400
PO Box NOT acceptable
Orlando, FL 32801

07-10-12 AM 11:18
FLORIDA DEPARTMENT OF STATE

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 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 of Registered Agent: Robyn M. Severs Date: 07 27 2020

If signing on behalf of an entity: Robyn Severs 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
CR2E045 (04/12)