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SECULTARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations EDGEWATER AT SUNBEAM CONDOMINIUM ASSOCIATION, INC. SUBJECT: Name of Corporation 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: Anna Marks Name of Contact Person MAY Management Services, Inc. Firm/Company 5455 A1A South Address St. Augustine, FL 32080 City/State and Zip Code customerservice1@mayresort.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Annie Kacprzycki 461-9708 ext. 714 Area Code & Daytime Telephone Number Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FL to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: EDGEWATER AT SUNBEAM CONDOMINIUM ASSOCIATION, INC.	
	office address: 240 Canal Blvd. Ste. 2	
	Ponte Vedra Beach, FL 32082	
3. The mailing a	ddress (if different): 5455 A1A South	
	St. Augustine, FL 32080	
4. Date of incorp	poration/qualification: 03/01/2005 Document number: N05000002160	
5. The name and	street address of the current registered agent and registered office on file with the treent of State: (If resigned, enter resigned)	
	KINGDOM MANAGEMENT CORPORATION	
	12620-3 Beach Blvd #301	
	JACKSONVILLE, FL 32246	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	MAY Management Services, Inc.	
	5455 A1A South	
	P.O. Box NOT acceptable	
	St. Augustine, FL 32080	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, 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.		
Signatu	1. Therethe is which David M. Menkett is sides of 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.		
Sig	nature of Registered Agent Date	
If signing on behalf of an entity:		
Anna	yped or Printed Name	

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