N050000 12057

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SECRETARY OF STATE
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T SCHROEDER

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of	Florida	1	_
1. The name of t	he corporation: COASTAL OAKS HOMEOWNERS ASSO	CIAT	ION,	INC.
2. The principal	office address: 5455 A1A South			
	St. Augustine, FL 32080			
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: 12/01/2005 Document number: N050	00012	2057	
	I street address of the current registered agent and registered office on file with the transfer of State: (If resigned, enter resigned)	vith the		
	Wasserstein, P.A.			
	301 Yamato Rd, 2199	- 		
	Boca Raton, FL 33431	VIII.	19 SEP	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered o	EST:	$\frac{1}{3}$	
	MAY Management Services, Inc	. 2	<u>724</u> €	(T)
	5455 A1A South	74. 2007 2007	8: #8	
	St. Augustine, FL 32080	-		
The street address changed will	ess of its registered office and the street address of the business office of i be identical.	ts regist	ered ag	gent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an ic board, or the corporation has been notified in writing of the change.	officer	so	
Signatu	re of an officer or director Printed or typed name and tr	ر علاج ile		_
I further agree (performance of	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and conmy duties, and I am familiar with and accept the obligation of my positions document is being filed merely to reflect a change in the registered official that the corporation has been notified in writing of this change.	n as rev	isterec 288, I	l
ana 1	asks adure of Registered Agent 8/4/19 Date			-
If signing on be	half of an entity:			
anna 1	Marks ped or Printed Name			

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