N01000005603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

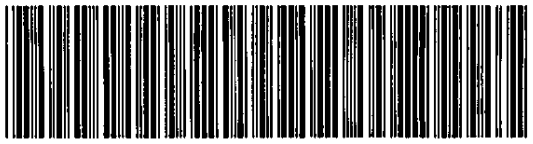
(Business Entity Name)

(Document Number)

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2016 SEP 16 P 2:39

SEP 2 2 2016
T. LEMARR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Village of Oyster Creek Condo Assoc, Inc
Name of Corporation

DOCUMENT NUMBER: N01000005603

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:

Barbara O'Grady
Name of Contact Person

Argus Management of Venice
Firm/Company

181 Center Road
Address

Venice, FL 34285
City/State and Zip Code

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

For further information concerning this matter, please call:

Barbara O'Grady at (941) 408-7413
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2016

BARBARA O'GRADY
181 CENTER RD
VENICE, FL 34285

SUBJECT: THE VILLAGE AT OYSTER CREEK CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N01000005603

We have received your document for THE VILLAGE AT OYSTER CREEK CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the Articles of Revocation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 116A00017772

FILED
16 SEP 19 AM 10:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: The Village at Oyster Creek Condominium Association, Inc
2. The principal office address: 1490 NE Pine Island Rd #8D
   Cape Coral, FL 33909
3. The mailing address (if different): PO Box 1848
   Fort Myers, FL 33902
4. Date of incorporation/qualification: _____ Document number: N01000005603
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)
   Silver Crested Management
   1490 NE Pine Island Road
   Cape Coral, FL 33909
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   Argus Management of Venice
   181 Center Road
   P.O. Box NOT acceptable
   Venice, FL 34285

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.

A. Stephen Hiers — Steve Hiers - 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 obligations 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.

Barbara L O'Grady — 06/22/16
Signature of Registered Agent — Date

If signing on behalf of an entity:
Barbara L O'Grady
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
CR2E043 (03/14)

2016 SEP 14 P 2:39