763 195

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000336621640

11/15/19--01007--016 **35.00

20191:1115 MIII: 36

R. WHITE DEC 1.2 2019

COVER LETTER

Homeowners Association, Inc. SUBJECT: Silver Shores Whahaldal Hold Name of Corporation DOCUMENT NUMBER: 763195 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: Terri L. Bowman Name of Contact Person President Silver Shores Hoa, Inc. Firm/Company 927 Bahia Mar Rd Address Vero Beach FL 32963 City/State and Zip Code terrilyn bowman @ gmail: Com E-mail address: (to be used for future annihal report notification) For further information concerning this matter, please call: Terri L. Bowman Name of Contact Person at 202 276-2700 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 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building	TO: Amendment Section Division of Corporations	
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: Terri L. Bowman Name of Contact Person President Silver Shores HoA, Inc. Firm/Company 927 Bahia Mar Rd Address Vero Beach FL 32963 City/State and Zip Code terrilyn bowman @ gmail: com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Terri L. Bowman 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 Street Address: Amendment Section Division of Corporations	SUBJECT: Silver Shores Thunkhadd Maller Name of Corporation	Jon, Inc.
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: Terri L. Bowman Name of Contact Person President Silver Shores HoA, Inc. Firm/Company 927 Bahia Mar Rd Address Vero Beach FL 32963 City/State and Zip Code terrilyn bowman @ gmail: Com E-mail address: (to be used for future annihal report notification) For further information concerning this matter, please call: Terri L. Bowman at (202, 276-2700) 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 Street Address: Amendment Section Division of Corporations	DOCUMENT NUMBER: 763195	
Terri L. Bowman Name of Contact Person President Silver Shores HOA, Inc. Firm/Company 927 Bahia Mar Rd Address Vero Beach FL 32963 City/State and Zip Code terrilynhowman @ 9mail: com E-mail address: (to be used for future anneal report notification) For further information concerning this matter, please call: Terri L. Bowman at (202 276-2700) 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 Street Address: Amendment Section Division of Corporations		ed for filing.
President Silver Shores HOA, Inc. Firm/Company 927 Bahia Mar Rd Address Verd Beach FL 32963 City/State and Zip Code terrilynhowman @ gmail: com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Terril L. Bowman at 202 276-2700 Name of Contact Person at 202 276-2700 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 Street Address: Amendment Section Division of Corporations	Please return all correspondence concerning this matter to the following:	
Tevri L. Bowman at 201 , 276-2700 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 Street Address: Amendment Section Division of Corporations	President, Silver Shores Horizontes Horizont	
Tevri L. Bowman at 201 , 276-2700 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 Street Address: Amendment Section Division of Corporations	For further information concerning this matter, please call:	
Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations Division of Corporations	-	2700
Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations Division of Corporations	Name of Contact Person Area Code & Daytime	Telephone Number
Amendment Section Amendment Section Division of Corporations Division of Corporations		
Tallahassee, FL 32314 2661 Executive Center Circle	Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building	oorations

Tallahassee, FL 32301

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: Silver Shores Homeowners Association, lu
2. The principal office address: 927 Bahia Mar Rd
Vero Beach, FL 32963
3. The mailing address (if different):
4. Date of incorporation/qualification: 05 10 1982 Document number: 763195
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)
Resigned
2019 ?
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Terri L. Bowman
1 P.O. Box NOT acceptable Vevo Beach FL 32963
P.O. Box NOT acceptable VPVO Reactor Ft 2701-3
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.
Tevri L. Bowman, 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the regisiered office address, I hereby confirm that the corporation has been notified in writing of this change.
Tem S Bowman 11 5/19 Signature of Registered Agent Date
If signing on behalf of an entity:
Silver Shores Homeowners Assin, Inc Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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