DOCUMENT# P99000021578 Entity Name: PHASE ONE PROPERTY OWNER'S DOCK ASSOCIATION, INC.			N, INC.	Secretary of State 3583362880CC
Current Prin 8115 MAIN STR BOKEELIA, FL				336336266UCC
Current Mai	ling Address:			
P.O. BOX 64 BOKEELIA,	10 FL 33922 US			
FEI Number: 65-0904595 Certifi		Certificate of	Status Desired: No	
Name and A	ddress of Current Registered Agent:			
PROSSER, TED 8115 MAIN STREET BOKEELIA, FL 33922 US				
The choice name	d an tit , as there it a this at the many fact that a summary of a hard size it and		(
The above hamed	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, i	n the State of Florida.
	E: LTED PROSSER	istered office or regis	tered agent, or both, l	n the State of Florida. 02/20/2023
	, , , , ,	istered office or regis	tered agent, or both, li	
	Electronic Signature of Registered Agent	istered office or regis	terea agent, or both, li	02/20/2023
SIGNATURE	Electronic Signature of Registered Agent	Title	MGR	02/20/2023
SIGNATURE Officer/Dire	E: L TED PROSSER Electronic Signature of Registered Agent			02/20/2023
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : VSTD	Title	MGR	02/20/2023
SIGNATURE Officer/Dire Title Name	E: L TED PROSSER Electronic Signature of Registered Agent Ctor Detail : VSTD ROGAN, WHITE	Title Name	MGR SMITH, MARK P O BOX 640	02/20/2023 Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VSTD ROGAN, WHITE POST OFFICE BOX 640	Title Name Address	MGR SMITH, MARK P O BOX 640	02/20/2023 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : VSTD ROGAN, WHITE POST OFFICE BOX 640 BOKEELIA FL 33922	Title Name Address	MGR SMITH, MARK P O BOX 640	02/20/2023 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : VSTD ROGAN, WHITE POST OFFICE BOX 640 BOKEELIA FL 33922 DIRECTOR	Title Name Address	MGR SMITH, MARK P O BOX 640	02/20/2023 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE TED PROSSER

DIRECTOR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P99000021578

FILED Feb 20. 2023

Date