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CORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (i	f known):
1	process.	<b>6000033467063</b>
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NEW FILINGS	AMENDMENTS	TAL
Profit	☐ Amendment	LAHA AUG
Not for Profit Limited Liability	Resignation of R.	A., Officer/Director 1
Domestication	Change of Register Dissolution/Withd	ered Agent in a little lawy
Other	Merger	
OTHER FILINGS	REGISTRATION/QU	DALIFICATION
Annual Report	☐ Foreign	
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CR2E031(7/97)

## 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,
he undersigned corporation organized under the laws of the State of
ubmits the following statement in order to change its registered office or registered agent, or both, in
he State of Florida.
. The name of the corporation is: Vista Del Man Association at
Jacksonville Beach Inc
2. The mailing address of the corporation is: P. O Box 330507
Attantic Beach, IL SVV33 030
3. Date of incorporation/qualification: 4-10-70 Document number: 718186
4. The name and address of the current registered agent and office:
Terrell J. Powell
2215 East St. Rd. 200
P.O Box 1987 Yulee, FL 32041-1987
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Sonia M Marvin
1835 N. Third Street
Jacksonville Beach, FL 32250
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.
7/6/200
(Signature of an officer, chairman or vice chairman of the board) (Date)
G.) POMAR DR PResident (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Signature of Registered Agent)  7-6-2000  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
Marvin Real Estate Management + Sals Tre. Trestant
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
CR2E(45(7/97))  Druggion of Corporations  P.O. Boy 6327  Tall ahassee FL 32314  P.T. N
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314