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Florida Department of State

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REGISTERED AGENT CHANGE PORT ROYAL PROPERTY OWNERS ASSOCIATION, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

Port Royal Property Owners Association, Inc.

Name of Corporation

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:

Theodore R. Walters, Esq.

Name of Contact Person

Porter Wright Morris & Arthur LLP

9132 Strada Place, Third Floor

Naples, Florida 34108

City/State and Zip Code

twalters@porterwright.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theodore R. Walters

Name of Contact Person

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

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Florida	······································
		egistered agent, or both, in the State of Florida	L
i. The name of	the corporation: Port Royal Pro	perty Owners Association, Inc.	
2. The principal	office address: 1020 Eighth Av	venue South, Suite 3, Naples, FL	34102
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/30/19	70 Document number: 719949	
5. The name and		ered agent and registered office on file with the	, —
	Ellen A. Goldman, Esq.		APR F
	Porter Wright Morris & A	thur, LLP	-3 I
	9132 Strada Place - 3rd	Floor, Naples FL 34108	F 5
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	
	Theodore R. Walters, Es	q	
	9132 Strada Place, Third	Floor	
		IX NOT acceptable	
	Naples, Florida 34108		
The street addr	ess of its registered office and the s l be identical.	street address of the business office of its regi	stered agent,
		opted by its board of directors or by an office en notified in writing of the change.	
_	oln, w	CHADN. OTT	PRESIDENT
-	THE OF SET OFFICER OF CONSCION		
I hereby accep I further agree performance o ogent. Or, if the hereby confirm	t the appointment as registered age to comply with the provisions of a f my dulies, and I am familiar with his document is being filed merely t that the corporation has been not	mi and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as n o reflect a change in the registered office add ified in writing of this change.	egistered Pess, I
Theor	done TRAVOLLES gramme of Registered Algeria	3 April 2015	
Si	gnature of Registered Agent	Dute	
If signing on b	ehalf of an entity:		
	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, TAILAHASEEE, FL 32314
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