72/15

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | · · · · · · · · · · · · · · · · · · · |
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SECRETARY OF STATE
TALLAHASSEE FINGE

MR 1-9/12

COVER LETTER

Amendment Section Division of Corporations

TO:

| Islands West Condeminium Association | n Inc | |
|--|---|--|
| SUBJECT: Islands West Condominium Association (Name of Corporation) | on) | |
| DOCUMENT NUMBER: 721115 | | |
| The enclosed Statement of Change of Registered Office/Agent | and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the f | following: | |
| , | J | |
| Brian Smith | • | |
| (Name of Contact Per | rson) | |
| | · | |
| Rampart Properties, Inc | | |
| (Firm/Company) | • | |
| 9887 Fourth Street N Suite #301 | | |
| 9887 Fourth Street IN Suite #307 (Address) | | |
| | | |
| Saint Petersburg FL 33702 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| | | |
| Brian Smith at (() | 727 577-2200 Area Code & Daytime Telephone Number) | |
| (Ivaline of Contact Ferson) | Area code & Daytine Telephone (valider) | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |
| | | |
| Mailing Address: Amendment Section | Street Address: | |
| | Amendment Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | |
| | Tallanassee, FL 32301 | |

CR2E045 (8/05)

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: SLANDS WEST CONDOMINIUM ASSOCIATION, Inc. |
| 2. The principal office address: 2525 GULF OF MEXICO DR. |
| LONGROAT KEY, FL 34228 |
| 3. The mailing address (if different): 9887 FOURTH St. N. #301 |
| ST PETERSBURG, FL 33702 |
| 4. Date of incorporation/qualification: JUNE 9, 1971 Document number: 72 1115 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| BETH CALLANS MANAGEMENT CORPORATION |
| 595 BAY ISLES ROAD # 200 FO TO |
| LONGBOAT KEY PL 34038 5 = = |
| 6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed): |
| RAMPART PROPERTIES, INC. |
| 9887 FOURTH ST. N. \$301 |
| (P.O Box NOT acceptable) |
| 5 HETERSBURG FL 33702 |
| 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. |
| Janua C. Ellison Janice C. Ellison President (Signature of an officer or director) Janice C. Ellison President |
| 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 registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Wall Market of Registered Agent) 11-30-11 (Date) |
| If signing on behalf of an entity: |
| BILLY K. OSBURN |

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

(Typed or Printed Name)