

721358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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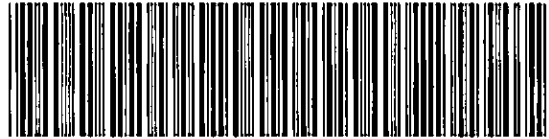
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUN 18 AM 11:36

JUN 20 2018
CORPORATION

COVER LETTER

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 JUN 18 AM 11:34

TO: Amendment Section
Division of Corporations

SUBJECT: SEAGATE BEACH CLUB INC.
Name of Corporation

DOCUMENT NUMBER: 721358

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:

JAMES BOWLDS
Name of Contact Person

SEAGATE BEACH CLUB
Firm/Company

5068 STARFISH AVE
Address

NAPLES FL 34103
City/State and Zip Code

seagateparadise@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES BOWLDS at (502) 608-3247
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
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**

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: SEAGATE BEACH CLUB INC.
2. The principal office address: 5068 STARFISH AVE
NAPLES FL 34103
3. The mailing address (if different): POST OFFICE BOX 3093
NAPLES FL 34106-3093
4. Date of incorporation/qualification: 07/16/1971 Document number: 721358
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)

LANGLEY, JOHN A (RESIGNED)
5155 SAND DOLLAR LANE
NAPLES, FL 34103

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BOWLES, JAMES L
5068 STARFISH AVE
P.O. Box NOT acceptable
NAPLES FL 34103

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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.

[Signature]
Signature of an officer or director

Bruce Conley, President
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 registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/12/2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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