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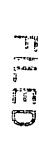
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SECRUTARY OF STATE

2019 JUN 19 PM 3: 0



COVER LETTER

TO: Amendment Section Division of Corporations TOWN SHORES OF GULFPORT, NO. 212, INC. Name of Corporation DOCUMENT NUMBER 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: John Muley Name of Contact Person Wetherington Hamilton, P.A. Firm/Company 812 W. Dr. MLK Jr. Blvd., Suite 101 Tampa, FL 33603 City/State and Zip Code johnm@whhlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Muley 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 ch	provisions of sections 607.0502, ange is submitted for a corporati er to change its registered office o	on organized	under the laws o	of the State of	Florida	this	_
1. The name of	the corporation: TOWN SHO	ORES OF	GULFPOR	RT, NO. 2	12, INC		
2. The principa	l office address: 3210 59TH	STREET	SOUTH, G	ULFPOR	T, FL 3	370	7
3. The mailing	address (if different): 9887 FOUF	RTH STREE	F NORTH 301, S	T. PETERSE	BURG, FL	33702	2
4. Date of incor	poration/qualification: 5/4/19	73	Document nun	7263	39		
	d street address of the current reg artment of State: (If resigned, ente		and registered o	ffice on file w	vith the		
	ZACUR, RICHARD (re	esigned)					
	5200 CENTRAL AVE				_		
	ST PETERSBURG, F	L 33707	· <u> </u>		-		
6. The name an (if changed):	d street address of the new registe	_	changed) and /o	r registered o	SECRETAL SECRETAR	2019 JUN 19	
	Wetherington Hamilton		101		288 288		
	812 W. Dr. MLK Jr. Bl	Vd., Suite			. 건성 - 건성	PH 3: 00	
	Tampa, FL 33603				L AIR	00	
The street addras changed will	ess of its registered office and the	ie street addi	ess of the busine	ess office of i	ts register	ed ago	ent,
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by been notifie	its board of direct in writing of th	tors or by an e change.	officer se)	
Signati	ire of an officer or director	_ <u>E</u> l	len Hirsch de	Haan as at	-	n fact	<u>.</u>
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel that the corporation has been if	igent and ag all statutes th and accep y to reflect a otified in wr	raa to act in this	canacity		tered s, I	
Elin E	usch de Haan		6/13	19			
Sig	nature of Registered Agent		•	Date	, -		_
	chalf of an entity:						
Ellen Hirsc	n de Haan						

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name