726874

•	(Requestor's Name)			
,	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
	PICK-UP WAIT MAIL			
)	(Business Entity Name)			
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 1 6 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

726874

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:

Ryan S. Copple

Name of Contact Person

Copple Sachs Copple

Firm/Company

601 Heritage Drive, Suite

Address

Jupiter, Florida 33458

City/State and Zip Code

notice@csclawgroup.com

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

For further information concerning this matter, please call:

Ryan S. Copple

Name of Contact Person

at (561) 623-5466

Area Code & Daytime Telephone Num

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, unge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	this	
	the corporation: Schooner Bay Condominium, Inc.		
	office address: 109 Paradise Harbour Blvd, #108, North Palm Beach, F	lorida	33408
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 7/5/1973 Document number: 726874		
5. The name and	d street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)		
	Wyant-Cortez, Claire V Esq,	_	₹
	860 US Hwy 1, Suite 108	30 Y	ALLA SECK
	North Palm Beach, Florida 33408	DEC 10	E IA
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office) AH 10: 25	SEE. FLO
	Ryan S. Copple	25	ATE RIDA
	601 Heritage Drive, Suite 217		
	P.O. Box NOT acceptable Jupiter, Florida 33458		
The street address changed will	ess of its registered office and the street address of the business office of its registe be identical.	red ager	ıt,
	as authorized by resolution duly adopted by its board of directors or by an officer s ne board, or the corporation has been notified in writing of the change.		
Signatu	Reuse SE OR IN Printed or typed name and title		
I hereby accept I further agree performance of agent. Or. if th	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as reging abcument is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	stered ss, I	
	12/5/14		
<i>O</i>	thattine of Registered Agent Date		
Kary S	Voed or Printed Name		

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