

727044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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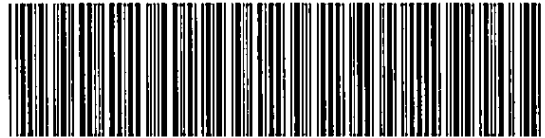
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

A. Butler



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Fairview Condominium of St. Augustine Shores, Inc.  
Name of Corporation

DOCUMENT NUMBER: 727044

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:

Joyce Williams  
Name of Contact Person

Fairview Condominium  
Firm/Company

600 Domenico Circle - Office  
Address

St. Augustine, FL 32086  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joyce Williams at ( 904 ) 465-1524  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**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: The Fairview Condominium of St. Augustine Shores, Inc.
2. The principal office address: 600 Domenico Circle - Office  
St. Augustine, FL 32086
3. The mailing address (if different): —
4. Date of incorporation/qualification: 7/26/1973 Document number: 727044
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)

Action Management Group of NE Florida LLC  
600 Domenico Circle - Office  
St. Augustine, FL 32086

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

Realty Associates of St. Johns Co.  
Willard Day  
5495 A1A South  
P.O. Box NOT acceptable  
St. Augustine, FL 32086

SECRETARY OF STATE  
TALLAHASSEE, FL

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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

LEONARD S. SCHMITT DIRECTOR  
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

6-29-21  
Date

If signing on behalf of an entity:

Willard Day  
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, TALLAHASSEE, FL 32314  
CR2E045 (04/13)