

729 109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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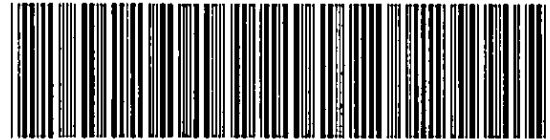
(Business Entity Name)

(Document Number)

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R. WHITE

DEC 09 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Belleair Key Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 729109

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:

Monique E. Parker

Name of Contact Person

Rabin Parker, P.A.

Firm/Company

28059 U.S. Hwy 19 North, Suite 301

Address

Clearwater, Florida, 33761

City/State and Zip Code

Monique@rabinparker.com

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

For further information concerning this matter, please call:

Monique E. Parker

Name of Contact Person

at 727 475-5535

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: Belleair Key Association, Inc.
2. The principal office address: 3400 Gulf Blvd. #302
Belleair Beach, FL 33786
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/19/1974 Document number: 729109
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)

Hodge Management, LLC.

8800 Seminole Boulevard

Seminole, Florida 33772

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

Rabin Parker, P.A

28059 U.S Hwy 19 North, Suite 301

P.O. Box NOT acceptable

Clearwater, 33761.

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.

John Jay Shearer
Signature of an officer or director

JOHN "JAY" SHEARER PRES EKA BOARD
Printed or typed name and title
OF DIRECTORS.

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

11/6/19
Date

If signing on behalf of an entity:

Monique E. Parker

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

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