## 729544

| (Re                       | questor's Name)      |        |
|---------------------------|----------------------|--------|
| (Add                      | dress)               |        |
| (Add                      | dress)               |        |
| (City                     | y/State/Zip/Phone #) | )      |
| PICK-UP                   | ☐ WAIT               | MAIL   |
| (Bu                       | siness Entity Name)  |        |
| (Doc                      | cument Number)       |        |
| Certified Copies          | _ Certificates of    | Status |
| Special Instructions to I | Filing Officer:      |        |
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SECRETARY OF STATE

6/18/2

## 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 Sidiu statement of change is submitted for a corporation organized under the laws of the State of Lining in order to change its registered office or registered agent, or both, in the State of Florid                                                                                                                                                  | ocid                                  | <u>.Q</u>                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|
| 1. The name of the corporation: Sandy Cove 40SSOCIATION, 17 2. The principal office address: 430 32 nd ST W STE A-20  Broderton, FL 34205                                                                                                                                                                                                                                                                                                         | VC                                    |                            |
| 3. The mailing address (if different):                                                                                                                                                                                                                                                                                                                                                                                                            | 16.                                   |                            |
| 4. Date of incorporation/qualification: Document number: 1215                                                                                                                                                                                                                                                                                                                                                                                     | 44                                    |                            |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li></ol>                                                                                                                                                                                                                                                               | ie                                    |                            |
| Law Offices of Wells                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                            |
| 1500 Second Street                                                                                                                                                                                                                                                                                                                                                                                                                                | ဟ                                     | 2                          |
| Savasota, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                | ECRE.                                 | 2021 JUN -9                |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):                                                                                                                                                                                                                                                                                                                                   | TARY<br>AHAS                          |                            |
| Naimy Thompson                                                                                                                                                                                                                                                                                                                                                                                                                                    | OF ST<br>SEE. F                       | AM 5:                      |
| 1401 8th Ave W                                                                                                                                                                                                                                                                                                                                                                                                                                    | ATE                                   | 5: 46                      |
| Bradenton, +C 34205                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                            |
| The street address of its registered office and the street address of the business office of its regas changed will be identical.                                                                                                                                                                                                                                                                                                                 |                                       | gent,                      |
| Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.                                                                                                                                                                                                                                                           | er so                                 |                            |
| Mike Caliendo President                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                            |
| Signature of an officer or director Printed or typed name and title                                                                                                                                                                                                                                                                                                                                                                               |                                       | <del></del>                |
| 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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby cocorporation has been notified in writing of this change. | e perform<br>ent. Or, i<br>enfirm tha | nance<br>if this<br>it the |
| Flute 6/1/21                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                            |
| Signature of Registered Agent Date                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                            |
| If signing on behalf of an entity:                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                            |
| RICHARD A. WELLER Typed or Printed Name                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                            |
| • •                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                            |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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