## 729829

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE NOV 10 2021			
J. HOTW			
NON 10 5051			
,,-			

Office Use Only



400375558084

10/28/21--01014--001 \*\*35.00

F IL H D 2021 OCT 29 PM 3: 08 SECRETARY OF STATE

## **COVER LETTER**

Amendment Section 🛴

TO:

Division of Corporations
SUBJECT: Myprox Preich Gotf-+ Country Club Coodominum Apartments Association, Name of Corporation  Inc.
DOCUMENT NUMBER: 729829
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:
Sherry K. Chiften, (FCHM Name of Cogitact Person  Chiften Management, Inc. Firm/Company  1321e 5 Physicand Alle Shire 14  Address  Chy/State and Zip Code  Withy Management - Com  E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Shory K. Clifton, CFCAM at (386) 767.5575  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  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ige is submitted for a corporation organized under the laws of the State of _ to change its registered office or registered agent, or both, in the State of Fl		_
1. The name of the 2. The principal of t	ne corporation: Daymar Prach Gaf + Country Club office address: 1386 5 Ridgwood Ave Suite 14  Beach FL, 32114	Como itali	J. ASSC The
3. The mailing ad	dress (if different):		_
4. Date of incorpo	oration/qualification: 05 31 1974 Document number: 729	829	
5. The name and	street address of the current registered agent and registered office on file wit ment of State: (If resigned, enter resigned)		
_	Jody D. Radriff		
_	870 Dunkewton Ave. 71.7209	5 2	
	Port Orange FL 32127	IZI OC SECRE	71
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	<i>7</i> 4≺	
	Sherry Clifton, CFCAM  13200 S. Ridgewood Ave -# 141  P.O. Box NOT acceptable	PM 3: 08	J
-	Daytona Brach FL 32114		
The street address as changed will b	s of its registered office and the street address of the business office of its be identical.	registered age	nt,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an earth or the corporation has been notified in writing of the change.	officer so	
9	of an officer or director  Gerard Elmer Printed or typed nathe and titl		-
I Jurther agree to of my duties, and document is bein	he appointment as registered agent and agree to act in this capacity.  It comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply tam familiar with and accept the obligation of my position as registered a filed merely to reflect a change in the registered office address. I hereby been notified in writing of this change.	plete performa.   agent, Or, if t  v confirm that t	nce his the
- Shen	Mure of Registered Agent Oct. 21. 2021  Date	_ <del></del>	_
If signing on beh	U		
Тут	oed or Printed Name		

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