7/14/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## REGISTERED AGENT CHANGE ISLAND ECHOS CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2020-07-14 10:11:13 CST

1. The name of the corporation: $\frac{15}{2}$	SLAND ECHOS CONDOMINIUM ASSOCIATION, INC.			
2. The principal office address: 676	6 SANTA ROSA BLVD FT. WALTON BCH, FL 32548			
3. The mailing address (if differen	t): 546 MARY ESTHER CUTOFF SUITE 3 FORT WALTON BEACtion: 09/30/1974 Document number: 730811	H, FL 325		
4. Date of incorporation/qualificat	ion: 09/30/1974 Document number: 730811	:11		
	the current registered agent and registered office on file with the			
NEWMAN, RAY	MOND			
348 MIRACLE S	TRIP PARKWAY SW 7	:5 2		
FORT WALTON	BEACH, FL32548	2020 JUL 14 SECRETARY TALLAHA		
	nd street address of the new registered agent (if changed) and /or registered office			
C T Corporation		9 <b>A</b>		
1200 South Pine I	Island Road	8: 3: STAT		
	P.O. Box NOT acceptable	m; <b>(9</b> )		
Plantation, Florida	a 33324			
The street address of its registere as changed will be identical.	d office and the street address of the business office of its registe	red agent		
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer sorporation has been notified in writing of the change.	0		
Signature of an officer or direction	Stephanie Boehm, Secretary  or Ponted or typed name and title			
	•••			
I hereby accept the appointment of further agree to comply with the of my duties, and I am familiar we document is being filed merely to corporation has been notified in CT Corporation System	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete pe ith and facept the obligation of my position as registered agent, reflightly change in the registered office address, I hereby confir yrithly of this change.	rformanc Or if thi m that th		
lennifer Kurz, Asst Secretary	7,14,2020			
Signature of Registered Ag	ent Date	<del></del>		

\* \* \* 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)