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COVER LETTER

TO: Amendment Section **Division of Corporations** The Seascape Homeowners Association, Inc. Name of Corporation 736180 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: John Cottle, Esq. Name of Contact Person Becker & Poliakoff, PA 348 Miracle Strip Pkwy, SW, Ste. 7 Fort Walton Beach, FL 32548 City/State and Zip Code jcottle@bplegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Cottle Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Malting 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

statement of cha	ange is subi	mitted for a corporation	17.0502, 607.1508, or 6 organized under the la registered agent, or bol	ws of the State of	Florida
I. The name of t	the corpora	tion: The Seascap	e Homeowners A	ssociation, li	nc.
2. The principal	office add	ress: 215 Grand Bi	vd., Suite 200, Mi	ramar Beach	ı, FL 32550
3. The mailing a	address (if o	different):			
4. Date of incom	poration/qu	nalification: 06/18/19	976 Document	number: 73618	30
		ress of the current regis tate: (If resigned, enter	tered agent and registere resigned)	ed office on file w	vith the
	Jame	s C. Barth			_
	30 Sc	outh Shore Drive			۔ ۔ ہے،
	Mirar	nar Beach, FL 3	2550		普票十
6. The name and (if changed):	d street add	ress of the new register	ed agent (if changed) an	d /or registered o	2016 HAY 26 PH 12: 5
	<u>John</u>	Cottle, Esq.			
	Becke		348 Miracle Stri	p Pkwy, SW	- 5 J
	Ste. 7	Fort Walton Bea	ach, FL 32548		- -
The street address changed will	ess of its ro be identic	egistered office and the	street address of the bu	siness office of i	is registered agent,
Such change was authorized by the	as authoriz he board, o	ed by resolution duly a r the corporation has b	dopted by its board of deen notified in writing o	lirectors or by an of the change.	officer so
	He of an office	rice .	Tay KK	ed or typed parise and to	Pres.
- 9			ent and agree to act in all statutes relative to the and accept the obligat to reflect a change in the diffied in writing of this c	• •	
<u> </u>	_(-to	C-stered Agent	5/2	3/20/6	
If signing on be			·	, wit	
7	yped or Printe	d Name			
		* * * Fili?	NG FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)