

730495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

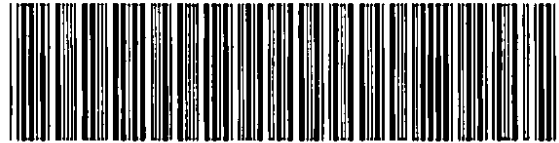
(Business Entity Name)

(Document Number)

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NEW YORK

OCT 05 2020

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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tifton Cove COA  
Name of Corporation

DOCUMENT NUMBER: 736495

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:

Tammy Quiller

Name of Contact Person

MAY Management Services Inc

Firm/Company

5455 A1A South

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Address

St. Augustine FL 32080

City/State and Zip Code

customerservice1@mayresort.com

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

For further information concerning this matter, please call:

## Tammy Quiller

Name of Contact Person

31 (904) 461 - 9708 ext. 712

Area Code &amp; 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Tifton Cove COA

2. The principal office address: 240 Canal Blvd, Ponte Vedra FL 32082

3. The mailing address (if different): 5455 A1A South, St. Augustine FL 32080

4. Date of incorporation/qualification: 7/27/76 Document number: 736495

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)

McCabe & Ronsman

110 Solana Road, Suite 102

Ponte Vedra Beach, FL 32082

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

MAY Management Services Inc

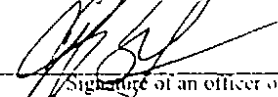
5455 A1A South

P.O. Box NOT acceptable

St. Augustine FL 32080


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.

  
Signature of an officer or director

C. Ross Berry, President  
Printed or typed name and title

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 of Registered Agent

8-5-20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E6-15 (04/13)