## 748 928

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(Re	questor's Name)	
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	<del>.</del>	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: TIERRA MAR ASSOCIATION, INC. Name of Corporation				
DOCUMENT NUMBER: 748928				
The enclosed Statement of Change of Registered	I Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
ROBERTA J DALTON				
Name of Contact Person	· · · · · · · · · · · · · · · · · · ·			
EAGLE PROPERTY MANAGEMENT				
Firm/Company				
PO BOX 112260				
Address	<del>-</del>			
NAPLES, FLORIDA 34108				
City/State and Zip Code	<del></del>			
ROBERTA,EAGLEPM@GN				
E-mail address: (to be used for future annua	l report notification)			
For further information concerning this matter, [	please call:			
ROBERTA J DALTON	at (239-564-444 <b>3</b>			
Name of Contact Person	at (239-564-444 <b>3</b> 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	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314				

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a c	corporation organiz	, 607,1508, or 617,1508, Flo ted under the laws of the Sta red agent, or both, in the Sta	te of FLOR	:IDA	<del></del> -	
1. The name of	the corporation: TIERR	A MAR ASSOCIAT	TON, INC.				
2. The principal	office address: 10732 F	HENRY COURT					
3. The mailing a	address (if different):	AGLE PROPERTY	MANAGEMENT, PO BOX	112260, NA	PLES F	L 3410	
4. Date of incor	poration/qualification;	9/14/1979	Document number: 74	8928			
	d street address of the cr rtment of State: (If resig		ent and registered office on	file with th	e		
	COLLIER FINANCIA	L					
	4985 TAMIAMI TRAI	L EAST		ين. 1950ع ــــــــــــــــــــــــــــــــــــ	202		
				ALC CRIT	2023 AUG	TANKAN	
6. The name an (if changed):	d street address of the n	ew registered agen	t (if changed) and /or registe	red office 32 SS CP 32 SS CP 3	-7 AM	11	
	ROBERTA J DALTON	<del></del>		E.F.	<u>:</u> -	U	
	10732 HENRY COUR	T			36		
	NAPLES, FLORIDA 3	P.O. Box	NOT acceptable				
The street addr	ess of its registered off I be identical.	ice and the street a	address of the business offic	e of its reg	gistered	agent.	
Such change wanthorized by t	as authorized by resolute he board, or the corpor	ition duly adopted ation has been not	by its board of directors or ified in writing of the chan	by an offi	eer so		
fite	Stay		PETER STAAF, TREASUF	RER			
I hereby accep I further agree of my duties, a document is be	t the appointment as co	gistered agent and visions of all statu and accept the obli- ect a change in the	Printed or typed has I agree to act in this capaci tes relative to the proper a gation of my position as res registered office address,	fu.	'e perfo ent. Or onfirm t	rmane r, if thi that the	
Rehesta	O Delton		AUGUST 1, 2023				
7	gnature of Registered Agent		Date	· <del></del>			
If signing on b	ehalf of an entity:						
ROBERTA J D	ALTON						
	Typed or Printed Name						
		* * * FILING FE	E: \$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)