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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO.	:	1200000001	95	
		REFERE	NCE	:	700557	8461475	
		AUTHORIZAT	CION	:	1000		
		COST LI	MIT	:	\$ 3540	M. Jan. J.	
ORDER DA	TE :	October 15,	2024				
ORDER TI	ME :	8:37 AM					
ORDER NO	. :	700557-019					
CUSTOMER	NO:	8461475					
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CHANGE OF AGENT							
N	AME:	DOLPHIN E ASSOCIATI					
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PLEASE R	ETURN	THE FOLLOWIN	IG AS	PRO	OF OF FILI	NG:	
CERTIFIED COPY							
XX PLAIN STAMPED COPY							

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

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

in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: DOLPHIN BEACH CLUB ASSOCIATION, INC. 2. The principal office address:		provisions of sections 607,0502, 617,050 uge is submitted for a corporation organ						
2. The principal office address: 3255 S ATLANTIC AVE DAYTONA BEACH, FL 32118 3. The mailing address (if different): 4. Date of incorporation/qualification: 02/25/1981 Document number: 756582 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) CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street PO. Box NOT acceptable Tallahassee FL 32301 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. Isolated by the board, or the corporation has been notified in writing of the change of 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. Thereby confirm that the corporation has been motified in writing of this change. Corporation Service Company By: Mace Levice Company By: Mace Levice Company		•	· · · · · · · · · · · · · · · · · · ·					
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If signing on behalf of an entity:		ature of Registered Agent	- <u>-</u>					
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Grace E. Kirby, Asst. Vice President Typed or Printed Name								
* * * FILING FEE: \$35.00 * * *	1)1		F. 635 AA * * *					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 CR2E045 (04/13) 700557-19