

756706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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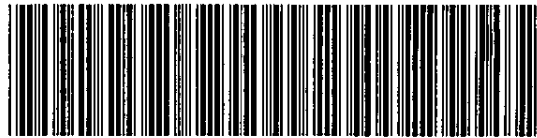
(Business Entity Name)

(Document Number)

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*R.A. Chong*  
C.COULLETTE  
NOV 20 2008  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seaphce at Atlantic Beach Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 756706

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:

Kellie Hendricks  
(Name of Contact Person)

Madison Property Management Solutions  
(Firm/Company)

7643 Gate Parkway Suite 104 PMB 188  
(Address)

Jacksonville, Fl. 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kellie Hendricks at ( 904 ) 641-1858  
(Name of Contact Person) (Area Code & 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Seaside at Atlantic Beach Condominium Association, Inc.
- 2. The principal office address: 11512 Lake Mead Avenue, Suite 405 Jacksonville, Fl. 32256
- 3. The mailing address (if different): 7643 Gate Parkway, Suite 104 PMB 188 Jacksonville, Fl. 32256
- 4. Date of incorporation/qualification: 3/11/1981 Document number: 756706
- 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)

Sharon L. Fisher  
1008 Oceanwood Drive N  
Neptune Beach, Fl. 32266

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

Kim Balaskiewicz  
11512 Lake Mead Ave, Suite 405  
 (P.O. Box NOT acceptable)  
Jacksonville, Fl. 32256

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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.

Patricia Jackson (Signature of an officer or director)      Patricia Jackson 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.

Kim Bz (Signature of Registered Agent)      11/6/18 (Date)

If signing on behalf of an entity:  
Kim Balaskiewicz  
 (Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*