

Electronic Filing Cover Sheet

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To:

Division of Corporations

clorida

Fax Number : (850)617-6380

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

S TALLENT

JUL 2 6 2019

REGISTERED AGENT CHANGE

DELRAY SOUTH SHORE CLUB CONDOMINIUM ASSOCIATION,

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Electronic Filing Menu

Corporate Filing Menu

Help

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

1. The name of the corporati	on is: Delray South Shor	re Club Condominium Association	ı, Inc.
2. The principal office addre	ss: 1625 S. OCEAN BLV		<u>, </u>
DELRAY BEACH FL 3	<u> </u>		
3. The mailing address (if di	fferent): 1625 S. OCEA	N BLVD.	
DELRAY BEACH FL	3483		-
4. Date of incorporation/qua		BOOLEON MINICELL	758533
The name and street address Florida Department of Sta	ess of the current registerate;	ed agent and registered office on f	ile with the
	ION SERVICE COMPANY		750
1201 HAY	'S STREET		
6. The name and street addre (if changed):	SEE FL 32301 ess of the new registered	agent (if changed) and for register	MI9 JUL 25 SECIECIANO TALLIANO
	Creations Network Inc.		
11380 Pros	perity Farms Road #2211	E	AM 10: 07
Palm Beach	(P.O. Box Not accept in Gardens FL 33410	able)	
The street address of its reg agent, as changed will be ide	istered office and the st	reet address of the business offic	e of its registered
Such change was authorized authorized by the board, or the	d by resolution duly add he corporation has been r	opted by its board of directors on the option of the change.	r by an officer so
Signature of an officer		Alejandra Villegus, Attorney-in-Fac	ct nd title)
i further agree to comply performance of my duties, ar agent. Or, if this document hereby confirm that/the corp.	with the provisions of and I am familiar with and is being filed merely to sociation has been notified	and agree to act in this capacity. all statutes relative to the prope I accept the obligation of my posit reflect a change in the registered	er and complete ion as registered office address, I
(Signature of Registered	•	(Losle)	•
If signing on behalf of an ent	•		
Alejandra Villegas, Special S (Typed or Printed Nam	nc)		
Ma Mail to: Div	KE CHECKS PAYABLE TO ISION OF CORPORATION) Florida Department of Stat is, P.O. Box 6327, Tallahassee	ге E, FL 32314
Corporate Creations Interr 11380 Prosperity Farms R Palm Beach Gardens FL (561) 694-8107	national Inc. oad #221E		