159829

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer. J. HORNE							
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Shell Island Name of Corporation	Beach Club Asso	ciation, Inc.
DOCUMENT NUMBER:	759829	
The enclosed Statement of Ch	ange of Registered C	Office/Agent and fee are submitted for fili
Please return all corresponden		
Christopher N. Davies,	Esq.	
Name of Contact Person		
Dentons Cohen & Grigs	sby P.C.	
Firm Company		
9110 Strada Place, Sui	le 6200	
Address		
Naples, Florida 34108		
City/State and Zip Code		
	christopher.	.davies@dentons.com
E-mail address: (to be used		
For further information concer	ming this matter, ple:	ase call:
Christopher N.	-	at (239) 390-1900
Name of Conta	et Person	Area Code & Daytime Telepho

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

CR2f'045 (04-13)

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

statement of cha	inge is submitted fo	ons 607 0502, 617 0502, or a corporation organize astered office or registere	ed under the laws of the	Materif Flo	rida		
1. The name of the corporation: Shell Island Be			h Club Association	, Inc.			
	office address:	ce, Suite 6200, Nap	oles, Florida	34108	3		
	ddress (if different	t):					
4. Date of incorp	poration/qualificati	ion: August 28, 1981	Document number:	759829			
5. The name and Florida Depar	i street address of t timent of State: (If	the current registered ager resigned, enter resigned)	nt and registered office (on file with the			
	Registered	Agent Solutions Inc.					
	2894 Remir	ngton Green Lane, S	uite A				
	Tallahassed	e, FL 32308					
6. The name and (if changed):		the new registered agent (· ·	•		23 JUN	" T]
		. Davies, Esq Der	itons Conen & Gng	ISDY P.C.		29	
	9110 Strada F	Place, Suite 6200	II acceptable		 (7)	7	Ö
	Naples, Florid			ÇA.		23 05	
The street addre	ess of its registered be identical.	d office and the street add	lress of the business of	Tice of its regis			
Such change wa authorized by th	as authorized by re by board, or the co	esolution duly adopted by research has been notifi	r its board of directors ed in writing of the cha	or by an office inge.	t so		
	t of the office of the bu		Kevin Ke	elly, Presider	nt		
of my duties, an document is bei	io compry with the d I am familiar wi ng filed merely to	is registered agent and a provisions of all statute th and accept the obliga- reflect a change in the re criting of this change.	gree to act in this capa S relative to the proper tion of my resistances	city, and complete	/)e	116	
mt.		<u>_</u>	June 27, 2023				
ME If signing on he	half of an entity:	TAL	Date	•			
_	•	a					
	N. Davies, Esc	٧. 					

* * * FILING FEE: \$35,00 * * *