

761042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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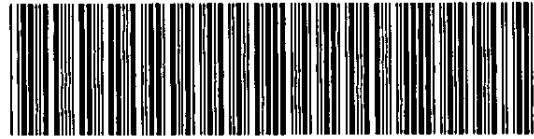
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SEP 11 2013

XENIET J. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocean East Resort Club Association, INC
Name of Corporation

DOCUMENT NUMBER: 761042

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:

WALTER NEMES
Name of Contact Person

Ocean East Resort Club Association, INC
Firm/Company

867 S. ATLANTIC AV
Address

DEMOND BEACH, FL. 32176
City/State and Zip Code

BUSINESSMANAGER@OCEANEAST.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALTER NEMES at (386) 677-8111
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: OCEAN EAST RESORT CLUB ASSOCIATION, INC.
2. The principal office address: 867 S. ATLANTIC AVE, ORMOND BEACH, FL. 32176
3. The mailing address (if different): 867 S. ATLANTIC AVE, ORMOND BEACH, FL 32176
4. Date of incorporation/qualification: 12-11-1981 Document number: 761042
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)

DON JARVIS

867 S. ATLANTIC AV

ORMOND BEACH, FL 32176

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

WALTER NETTLES

867 SOUTH ATLANTIC AV

P.O. Box NOT acceptable

ORMOND BEACH, FL. 32176

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TALLAHASSEE, FLORIDA

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AND
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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.

Joseph A. King
Signature of an officer or director

JOSEPH A. KING, 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.

Walter Nettles
Signature of Registered Agent

8-27-13

Date

If signing on behalf of an entity:

WALTER NETTLES
Typed or Printed Name

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