761820

| (Re | equestor's Name |) |
|-------------------------|------------------|--------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | y/State/Zip/Pho | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | ame) |
| (Do | cument Numbe | r) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUN 23 PH 12: 26

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COVER LETTER

Amendment Section Division of Corporations

TO:

| (Name of Corporation) DOCUMENT NUMBER: 761820 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | SUBJECT: JUNO OCEAN CLUB CONDOMINIUM ASSOCIATION, INC. | | |
|---|--|--|--|
| 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: EDWARD DICKER, ESQUIRE (Name of Contact Person) DICKER, KRIVOK & STOLOFF, P.A. (Firm/Company) 1818 Australian Avenue South, Suite 400 (Address) West Palm Beach, Fl. 33409 (City/State and Zip Code) For further information concerning this matter, please call: EDWARD DICKER, ESQUIRE (Name of Contact Person) at (561) 615-0123 (Area Code & Daytime Telephone Number) | (Name of Corporation) | | |
| Please return all correspondence concerning this matter to the following: EDWARD DICKER, ESQUIRE | DOCUMENT NUMBER: 761820 | | |
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| (Name of Contact Person) (Area Code & Daytime Telephone Number) | For further information concerning this matter, please call: | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | EDWARD DICKER. ESOUIRE at (561) 615-0123 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | |
| | Enclosed is a \$35.00 check made payable to the Department of State. | | |
| Mailing Address: Street Address: | Mailing Address: Street Address: | | |
| Amendment Section Amendment Section | Amendment Section Amendment Section | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | · | | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

| • | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida |
|--|--|
| • | to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the | ne corporation: JUNO OCEAN CLUB CONDOMINIUM ASSOCIATION, INC. |
| 2. The principal | office address: 450 Ocean Drive, Juno Beach, FL 33408 |
| 3. The mailing ac | idress (if different): |
| 4. Date of incorp | oration/qualification: 02/11/1982 Document number: 761820 |
| | street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned) |
| | Resigned |
| | |
| | |
| 6. The name and (if changed): | Resigned Street address of the new registered agent (if changed) and /or registered office |
| | DICKER, KRIVOK & STOLOFF, P.A. |
| | 1818 Australian Avenue South, Suite 400 |
| | (P.O. Box NOT acceptable) |
| | West Palm Beach, FL 33409 |
| The street addre as changed will | ss of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the comporation has been notified in writing of the change. |
| Jareh | E. Shader JANETE SHRADER |
| I hereby accept of further agree to of my duties, addies, addies, accument is bein corporation has | the appointment as registered agent and agree to act in this capacity, or comply with the provisions of all statutes relative to the proper and complete performance of a familiar with and accept the obligation of my postion as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| Len Ded 4 | hature of Registered Agent) 6/18/09 (Date) |
| If signing on bel | |
| Edward | yped or Printed Name) |

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