

764529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

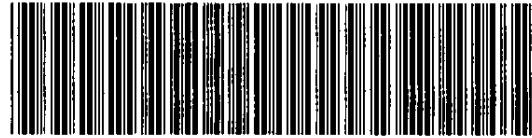
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Ocean Gallery Vistas Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: 764529

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:

Scott Simmons
Name of Contact Person

Ocean Gallery Vistas
Firm/Company

4600 A1A South
Address

St. Augustine FL 32080
City/State and Zip Code

ssimmons@oceangallery.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Simmons at 904 471-6655
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2010

VISTAS
OCEAN GALLERY OPERATING ACCOUNT
4600 A1A SOUTH
ST. AUGUSTINE, FL 32080-7440

SUBJECT: THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: 764529

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

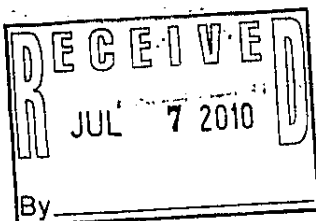
Please return a copy of this letter to ensure your money is properly credited.

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist/Supervisor Letter Number: 410A00015886



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE Ocean Gallery Vistas Condominium Association, Inc.
2. The principal office address: 4600 A-1-A South, St. Augustine FL 32080

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/11/1982 Document number: 764529

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)

John A. Jackson, Esq
28 Cordova Street
St. Augustine FL 32084

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DIVISION OF STATE
CORPORATIONS, FLORIDA

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

Jackson Law Group, L.L.M., P.A.
100 Whetstone Place, Suite 101
St. Augustine FL 32086

P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

DEWID L. CHARLES DIRECTOR
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.

[Signature]
Signature of Registered Agent

7/7/10
Date

If signing on behalf of an entity:

Andrew Jackson, Esq.
Typed or Printed Name

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