## 764529

Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations

The Ocean Gallery Vistas Condominium Asso., 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:

## Ed Ronsman

Name of Contact Person

Jackson Law Group LL.M., PA

Firm/Company

1301 Plantation Island Drive, Suite 304

Address

St. Augustine, Florida 32080

City/State and Zip Code

eronsman@jacksonlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linwood S 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

## 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.	
I. The name of the corporation: THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIA	TION, INC
2. The principal office address: 4600 A1A SOUTH, SAINT AUGUSTINE, FL 32080	 
	<del></del>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 8/11/1982 Document number: 764579	
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)	
Ed Rosman, Jackson Lawonap Lem F	H
100 Whetstone Place, Swite 101	٠.
SI Augustine PC 32086;	
SI Augustine: FZ 32086.  5. The name and street address of the new registered agent (if changed) and /or registered office Change (if changed):  The Name and street address of the new registered agent (if changed) and /or registered office Change (if changed):  Show a street address of the new registered agent (if changed) and /or registered office Change (if changed):  Show a street address of the new registered agent (if changed) and /or registered office Change (if changed):	`w\
Therson Law Group LL.M. PA Sho	et ood ier
1301 Plantata Island Drive Suide 304	(ny)
St Augustine PL 32080	•
The street address of its registered office and the street address of the business office of its registered agents changed will be identical.	ι,
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.	
William Loughean President William Loughean President Prinked or types thanks and title	laution.
hereby accept the appointment as registered agent and agree to act in this capacity.  further agree to comply with the provisions of all statutes relative to the proper and complete vertormance of my duities, 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, the ereby confirm that the corporation has been notified in writing of this change.	
Edward Rona 3-12-14	لين
Signature of Registered Agent Date (1995)	
=	ÍΠ
Eduard Konsman	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)