## 6058

(Requestor's Name)	
(Requestors Name)	
<b>∤.→</b>	
-	
(Address)	
(Address)	
AA	
(Address)	<del></del>
(Addless)	
(City/State/Zip/Phone #)	
(Olty/State/Zip/Fitotie #)	
<del> </del>	
	<u> </u>
PICK-UP WAIT	MAIL
	<del></del>
(Business Entity Name)	
(Dusiness Littly Maine)	
<u>.                                    </u>	
(Document Number)	·
(Document varioer)	
Certified Conjes Certificates of S	itatus
Certified Copies Certificates of S	itatus
Certified Copies Certificates of S	itatus
••	Status
·- 	4
. <del>.</del>	4
. <del>.</del>	12C / 8 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
. <del>.</del>	4
·- 	4
. <del>.</del>	4
. <del>.</del>	4
. <del>.</del>	4
Special Instructions to Filing Officer	4
. <del>.</del>	4



500438123585

RECEIVED

2024 OCT 17 AH 11: 09

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 700557 8461475

AUTHORIZATION :

COST LIMIT : \$ 35.0

\_\_\_\_\_\_

ORDER DATE: October 15, 2024

ORDER TIME : 8:39 AM

ORDER NO. : 700557-023

CUSTOMER NO: 8461475

\_\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: GULFSTREAM MANOR CONDOMINIUM

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_\_

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

statement of cha	nge is submitted for a corpo	502, 617,0502, 607,1508, or 617,1508, Florida St oration organized under the laws of the State of <u>F</u> lice or registered agent, or both, in the State of Flo	L
1. The name of t	the corporation: GULFSTRE	AM MANOR CONDOMINIUM ASSOCIATION, I	NC.
2. The principal 3901 N. OCEA	office address: N BLVD. GULFSTREAM, F	L 33483	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/27	7/1982 Document number: 765058	
5. The name and Florida Depar	I street address of the current tment of State: (If resigned,	t registered agent and registered office on file with enter resigned)	ı the
	CORPORATE CREATION	NS NETWORK INC.	
	801 US HIGHWAY 1		
	NORTH PALM BEACH, F	L 33408	
6. The name and (if changed):	street address of the new re	gistered agent (if changed) and /or registered offic	202405.17
	1201 Hays Street		
		P.O Box NO1 acceptable	
	Tallahassee	FL 32301	다. 야
The street addre as changed will	ss of its registered office an be identical.	nd the street address of the business office of its	registered agent.
Such change wa authorized by th	s authorized by resolution of board, or the corporation	duly adopted by its board of directors or by an or has been notified in writing of the change.	fficer so
/s/Lauren C		Lauren Capone	Secretary
Signafür	e of an officer or director	Printed or typed name and title	•
t jurther agree to of my duties, and document is bein corporation has	o comply with the provision of am familiar with and acting filed merely to reflect a constitution of the service Company	ed agent and agree to act in this capacity is of all statutes relative to the proper and comp cept the obligation of my position as registered of change in the registered office address. I hereby this change.  09/27/2024	lete performance agent. Or, if this confirm that the
	nature of Registered Agent	Date	*11
lf signing on bel	half of an entity:		
	Asst. Vice President		
•	•	FILING FFF: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 CR2E045 (04/13) 700557-23