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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Captains Pointe Condominium Association,
DOCUMENT NUMBER: 71075410
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:
Aliua VIVONA Name of Contact Person LIGHT Choice Realty Group Firm Company 1522 Williams also
Address
EDH MURIS FL 33901
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clicia Vivoa at (239) 321-1374 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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: Captains Pointe Condominium ASSOCIATION
2. The principal office address: 309 4 313 NICHOLOS PKWY W.
3. The mailing address (if different): 1522 NNWOOD MM. FOW MURIS FL 330
4. Date of incorporation/qualification: 3/18/1983 Document number: 7U75410
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)
SWFL CAM SOWICES
10231 Metro Prwy #204
FOR MYENS FL 33944
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Logical Choice Realty Grave 篇章卫
4637 Vincennes Blvd #10 2 17
Cape Coval FL 33904
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 of an officer or director Timoth, CHT-11 Recent
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 copporation has been notified in writing of this change.
Signature of Registered Agent 5-2-22 Date
If signing on behalf of an entity:
Anciet VIVON (L. Typed or Printed Name

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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