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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #) UUUU4325540 -05/29/0101109014 *****35.00 *****35.0
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☐ Walk in ☐ Pick up time _	Certified Copy
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NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION 2
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

Mely

CR2E031(7/97)

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,
the undersigned corporation organized under the laws of the State of FLORIPA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: RAUTURS RESORT CONDOMINIONS ASSOCIATION
Inc
2. The mailing address of the corporation is: Po Box 1087, Middleborg, F2
32068-1087
41 79
3. Date of incorporation/qualification: Document number:
4. The name and address of the current registered agent and office:
LINDA PATTISH
301 Dow Ct. 20 ?
(speen Care Springs, Fc32043
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
ALAN PERRY
1732 Kongsley Ave, Ste 202
Orange Park, CL 32073
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Chris Toples G. Follin (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
944
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
ALAN PERLY
(Typed or Printed Name) (Capacity)
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* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)