Lutz, Webb, Bobo & Eastman 2155 Delta Boulevard Suite 210B Tallahassee, FL 32303 City/State/Zip Phone

Office Use Only

Examiner's Initials

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

CR2E031(7/97)

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(Corporation Name)	(Document #)	*****35.80 *****35.00
Corporation Name)	(Document #)	····
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time Mail out Will wait NEW FILINGS		ied Copy
Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	Amendment Resignation of R.A., Officer/I Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICA	
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	4nth 7/19

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

Parisuant 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 ofFlorida
1. The name of the corporation is: Continental Apartments, LTD.
2. The mailing address of the corporation is: 3535 E Coast Hwy S 358 Corona Del Mar, Ca 92625
3. Date of incorporation/qualification: 2-24-89 Document number: A27967
4. The name and address of the current registered agent and office:
David D. Eastman
Lutz, Webb, Et Al., 1 Sarasota Tower, Ste. 500, 2 N Tamiami Tra
Sarasota, F1 34236 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
David D. Eastman
2155 Delta Blvd., Suite 210-B
Tallahassee, Fl 32303
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)
(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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
David D. Eastman (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)