

(Re	equestor's Name)			
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(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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RIVETE AUG 1 6 2021



CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

V Comment

ACCOUNT NO. : 12000000195				
REFERENCE : 939206 8346014				
AUTHORIZATION: Smelle Remain				
COST LIMIT : \$,35.00				
ORDER DATE : August 2, 2021				
ORDER TIME : 11:06 AM				
ORDER NO. : 939206-063				
CUSTOMER NO: 8346014				
CHANGE OF AGENT				
NAME: KINGSTOWN REEF CONDOMINIUM ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				

EXAMINER:

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

al control of

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Sl organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of Fl	Florida
I The name of	the corporation. KINGSTOWN RE	EF CONDOMINIUM ASSOCIATION, INC	<b>c</b> .
2. The principal	office address: 14700 Front Beach	Road, Panama City Beach, FL 32413	
	address (if different):		
4. Date of incor	poration/qualification: 02/17/2000	Document number: N000000	001160
5. The name and		ered agent and registered office on file with	h the
	Corporate Creations Network, In	с.	
	801 US Highway 1		
	North Palm Beach, FL 33408		• 1
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered offi	
	Corporation Service Company		
	1201 Hays Street		:
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	0
The street address changed will	ess of its registered office and the s	street address of the business office of its	registered agent,
Such change wanthorized by the	as authorized by resolution duly ad he board, or the corporation has be	dopted by its board of directors or by an coefficient in writing of the change.	officer so
Joe Albira		Joe Alkire, President	
I hereby accept I further agree of my duties, ar document is be corporation ha	te of an officer of director  the appointment as registered age to comply with the provisions of al an familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch of Service Company	Printed or typed name and full ent and agree to act in this capacity. If statutes relative to the proper and comple obligation of my position as registered in the registered office address, I hereby lange.	
By:		<u>8/13/24</u>	21
-	mature of Registered Agent chalf of an entity:	Date	
Ami M. Casper	, Asst. Vice President		
	yped or Printed Name		
	# # # EDET EM	(C PPP, #25 00 * * *	

**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 (04/13)