

Jay Roberts, Esq.
Attorney at Law
Phone: (850) 664-2229 Fax: (850) 664-7882
jroberts@beckerlawyers.com

Becker

Becker & Poliakoff
348 Miracle Strip Parkway SW
Paradise Village, Suite 7
Fort Walton Beach, Florida 32548

July 31 2018

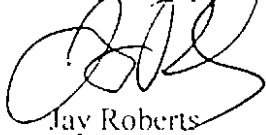
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Oaks at Niceville Condominium Association, Inc.
N00000001611

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent form along with Check #001506 in the amount of \$35.00 made payable to the Department of State to cover the cost of filing. Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Jay Roberts

JLR1/jp

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Oaks At Niceville Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO0000001611

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:

Jay Roberts
Name of Contact Person

Becker & Poliakoff, PA
Firm/Company

Paradise Village 348 Miracle Strip Pkwy, Suite 7
Address

Fort Walton Beach, FL 32548
City/State and Zip Code

jroberts@beckerlawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Roberts at (850) 664-2229
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Cars At Niceville Condominium Association, Inc.
2. The principal office address: 1501 Partow Drive N., Niceville, FL 32578
3. The mailing address (if different): c/o Southern Association Management
36468 Emerald Coast Pkwy., Suite 7102, Destin, FL 32541
4. Date of incorporation/qualification: 03/13/2000 Document number: N00000001611
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)

Southern Association Management
c/o Southern Association Management
36468 Emerald Coast Pkwy., Suite 7102
Destin, FL 32541

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Becker & Poliakoff, PA
Paradise Village 348 Miracle Strip Pkwy, Suite 7
P.O. Box NOT acceptable
Ft. Walton Beach, FL 32548

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.

Deborah A Martin
Signature of an officer or director

Deborah A Martin President
Printed or typed name and title

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 corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/19/18
Date

If signing on behalf of an entity:

Jay Roberts
Typed or Printed Name

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