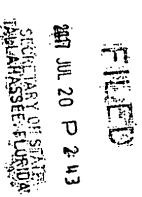
| (Re | equestor's Name) | |
|------------------------|--------------------|-----------|
| | | |
| (Ad | ldress) | _ |
| | | · |
| (Ad | idress) | |
| | | |
| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | usiness Entity Nam | ne) |
| (Dx | ocument Number) | |
| tified Copies | _ Certificates | of Status |
| pecial Instructions to | Filing Officer: | |
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Office Use Only



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JUL 2 6 2017

T. LEMMEUX

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: Mandalay Blach Club Name of Corporation | Owner's Association, |
| DOCUMENT NUMBER: NO 1 00000 22 41 | 0 |
| The enclosed Statement of Change of Registered Office/Agent a | nd fee are submitted for filing. |
| Please return all correspondence concerning this matter to the fo | llowing: |
| Linda Darwish P Name of Contact Pers | M. |
| Mandalay Black Firm/Company | Club |
| 10 Papaya Str | et- |
| Cluar Wally Floring City/State and Zip Co | 33767 de |
| E-mail address: (to be used for future and | nual report notification) |
| For further information concerning this matter, please call: | |
| Name of Contact Person at (| 727, 442-8819 ea 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 Tallahassec, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

CR2E045 (03/12)

TO:

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 6 statement of change is submitted for a corporation organized under the law in order to change its registered office or registered agent, or both | vs of the State of <u>Florida</u> | |
|---|--|--|
| 1. The name of the corporation: Mandalay Blach Clu | b Owner's Association, Inc | |
| 2. The principal office address: 10 Papaya Struct | t. Clearwater, | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 3302001 Document | number: N01000007246 | |
| 5. The name and street address of the current registered agent and registere Florida Department of State: (If resigned, enter resigned) | d office on file with the | |
| Anne Hathorn Legal Sen | viels, LLC | |
| 150 2nd Ave N., Suite | 1270 | |
| Saint Retershurg, FL | 33701 | |
| 6. The name and street address of the new registered agent (if changed) and (if changed): | d /or registered office | |
| Dickey Law Firm, P.A. | | |
| 1020 E. TWIGGS St Ste JP. D. BON NOT acceptable TOMBO EL 331002 | 305 P | |
| The street address of its registered office and the street address of the bu | <u> </u> | |
| as changed will be identical. | . See the second of the seco | |
| Such change was authorized by resolution duly adopted by its board of dauthorized by the hoard, or the porporation has been notified in writing of | of the change. | |
| Name John Danich | ed or typed name and title | |
| I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligat agent. Or, if this document is being filed merely to reflect a change in the hereby confirm that the corporation has been notified in writing of this confirmation. | e proper and comptete ion of my position as registered | |
| 6 | 6/14/17 | |
| Signature of Registered Agent | Dafe | |
| If signing on behalf of an entity: | | |
| Typed or Printed Name | | |
| * * * 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 (03/12)