N01009

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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2020 SEP 24 PH 4: 54

Ja 10/27/20

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Indian Bay Estates Owners' Association. Name of Corporation	Inc.	
DOCUMENT NUMBER: N01009		
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
Penelope Holladay		
Name of Contact Person		
Coastal Living Community Management, LLC		
Firm/Company	- -	
120 Portside Avenue Unit 203		
Address		
Cape Canaveral, FL 32920		
City/State and Zip Code		
contact@coastallivingcam.com	1	
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, pl	ease call:	
Penelope Holladay	at (321)693-5225	
Name of Contact Person	at (321)693-5225 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the E	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: Indian Bay Estates Owners' Association. Inc
2. The principal of	ffice address:
3. The mailing add	dress (if different):
	ration/qualification: 01/20/1984 Document number: N01009
	street address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
<u>re</u>	2020 SEP 24
(ii changed).	street address of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if
	20 Portside Avenue, Unit 203
	P.O. Box NOT acceptable Cape Canaveral, FL 32920
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent c identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. Gayle Jones, President
I hereby accept the I further agree to of my duties, and I document is being	Printed or typed name and title the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance. I am familiar with and accept the obligation of my position as registered agent. Or, if the spiled merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
It signing on behal	ure of Registered Agent Date Date
Penelope Holladay	ed or Printed Name

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