From: Kimberly Laughr

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7/22/2021

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE COURTYARDS AT NAUTICA CONDOMINIUM ASSOCIATION, INC.

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

statement of change is submitted for a co	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes orporation organized under the laws of the State of Florida.	<u>.</u>
	d office or registered agent, or both, in the State of Florida. FYARDS AT NAUTICA CONDOMINIUM ASSOCIATION, I	
2. The principal office address: 4525 SW		
MIRAMAR, FL 33027		
3. The mailing address (if different):		
4. Dateofincorporation/qualification:	Document number: N02000001565	
5. The name and street address of the cu Florida Department of State: (If resign	rrent registered agent and registered office on file with the ned, enterresigned)	
Courtyards at Nautica C	ondo Inc.	
4351 SW 160 Ave Apt 3	4351 SW 160 Ave Apt 206	
MIRAMAR, FL 33027		2021 JUL ALL'AHAS
6. The name and street address of the ne (ifchanged):	ew registered agent (if changed) and /or registered office	D21 JUL 22 AM LLAHASSEE, F
C.T.Corporation System	n	- 基 22 - 83
1200 South Pine Island	Road	S S
	P.O. Box NOTacceptable	
Plantation, Florida 3332	4	
The street address of its registered offices changed will be identical.	ce and the street address of the business office of its regist	tered agent.
Such change was authorized by resolut authorized by the board, or the corpora	tion duly adopted by its board of directors or by an officer ation has been notified in writing of the change.	so
Eduardo Valdes	Eduardo valdes Presiden	t
Signature of an officer or director	Printed or typed name and title	
I further agree to comply with the provent my duties, and I am familiar with an	tistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete p ad accept the obligation of my position as registered agent of a change in the registered office address. I hereby confi of this change.	performance Or, if this irm that the
CT Corporation System Marie	Paeta 07/09/2021	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Maria Ozocta		
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 (04/13)

By: