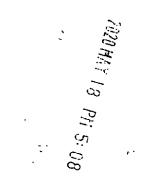
NO2357

(Re	questor's Name)	
(Ad	dress)	
•	,	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(D.:	-in	
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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O SIMMONS JUN 0 8 2020

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Update the Names of Officers Name of Corporation
DOCUMENT NUMBER: N02357
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:
Lisa Neal Name of Contact Person
Perdido Sun Condominium Association Inc.
Firm/Company
13753 Perdido Key Drive
Address
Pensacola, FL 32507
City/State and Zip Code
perdidosun@perdidosunassociation.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Neal at (850)492-2390
Lisa Neal at (850)492-2390 Name of Contact Person Area Code & Daytime Telephone Number
England is a \$25.00 shark made namely to the Donorth and of State

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

The Centre of Tallahassee 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 change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, is submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.	this
1. The name of the o	corporation: Perdido Sun Condominium Association Inc.	
2. The principal offi Pensacola, FL 3250	ice address: 13753 Perdido Key Drive	
	css (if different):	
4. Date of incorpora	ation/qualification: 04/04/1984 Document number: N02357	
5. The name and str Florida Departme	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)	
Da	we Mills, Vice President - Resigned	
74:	25 Kenrob Dr. SE	
Gr	and Rapids, MI 49546	2920 HAT 18
6. The name and str (if changed):	reet address of the new registered agent (if changed) and /or registered office	
Cu	artis Davis, At Large	P ::
13	753 Perdido Key Drive #710	5: 09
	P.O. Box NOT acceptable	Ф
Pe	ensacola, FL 32507	
The street address as changed will be	of its registered office and the street address of the business office of its regist identical.	tered agent,
Such change was a authorized by the b	authorized by resolution duly adopted by its board of directors or by an officer board, or the corporation has been notified in writing of the change.	SO
Curtis al	Tan officer or director Finited or typed name and title	
	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete plant familiar with and accept the obligation of my position as registered agen filed merely to reflect a change in the registered office address. I hereby confeen notified in writing of this change.	performance t. Or, if this irm that the
Signati	ire of Registered Agent 5/15/2030 Date	
If signing on beha	If of an entity:	
Туре	d or Printed Name	

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