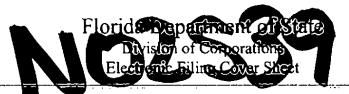


Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE TOPS'L TENNIS VILLAGE CONDOMINIUM ASSOCIATION, INC

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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

I. The name of	the corporation: TOPS L. FEN.	NIS VILLAGE CONDOMINIUM ASSOCIATION, INC.	
2. The principal	office address: 2011 HWY 98	W MIRAMAR BEACH, FL 32550	
3. The mailing a	address (if different): 546 MA	RY ESTHER CUTOFF STE.#3 FORT WALTON BEACH	 I, FL 3
4. Date of incor	poration/qualification: 04/13/1	Document number: N02539	
	I street address of the current etiment of State: (If resigned, e	registered agent and registered office on file with the inter resigned)	
	NEWMAN, RAYMOND F		
	348 MIRACLE STRIP PARK	الله .way suite 7	0707
	FORT WALTON BEACH, F	L32548	، ، ، ، ، ، ، ،
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and /or registered office	# An
	CT Corporation System		<u>,</u> 4
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its registe	red ag
Such change wanthorized by the	as authorized by resolution due board, or the corporation b	uly adopted by its board of directors or by an officer s has been notified in writing of the change.	0
Gelle	- Pres	Stephanie Boehm, Secretary	
Signani	ic of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bet corporation has CT Corporation	the appointment as registere to comply with the provision; ad I am familiar with any fac- ing filed merely to reflecte co s heen notified in writing of to System	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete pe ept the obligation of my position as registered agent, hunge in the registered office address, I hereby confir his change,	rform Or, ij m thai
lennifer Kurz, A		7.14.2020	
	nature of Registered Agent	Date	

* * * 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)

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