

NO300000 6294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

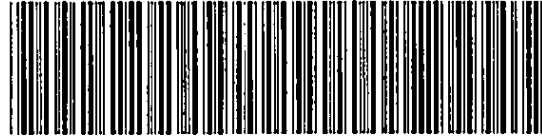
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R WHITE

FEB 27 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLAGES AT STELLA MARIS CONDOMINIUM ASSOC 2300, INC.
Name of Corporation

DOCUMENT NUMBER: N03000006294

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:

John Carr, Property Manager

Name of Contact Person

Resort Management Group, Inc.

Firm/Company

815 Bald Eagle Drive, Suite 201

Address

Marco Island, FL 34145

City/State and Zip Code

jcarr@resortgroupinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Carr

Name of Contact Person

at (239) 784-5190

Area 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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VILLAGES AT STELLA MARIS CONDOMINIUM ASSOC 2300, INC.
2. The principal office address: Villages at Stella Maris 2300, c/o Resort Management, 815 Bald Eagle Drive, Suite 201, Marco Island, FL 34145
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/23/2003 Document number: N03000006294
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION

1200 S. PINE ISLAND RD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Resort Management Group, Attn: Andrew Provost, Esq

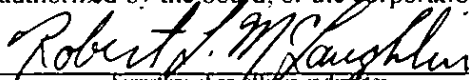
2685 Horseshoe Drive South, Suite 215

P.O. Box NOT acceptable

Naples, FL 34104

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

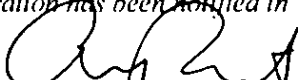
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Robert McLaughlin, Secretary & Treasurer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

January 22, 2020

Date

If signing on behalf of an entity:

Resort Management Group Inc.

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)

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