Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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REGISTERED AGENT CHANGE GRAND SHORES WEST CONDOMINIUM ASSOCIATION, INC.

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TO:

COVER LETTER

Amendment Section

Division of Corporations				
GRAND SHORES WEST CO SUBJECT: Name of Corporation	DNDOMINIUM ASSOCIATION, INC.			
N03007				
DOCUMENT NUMBER: 1403007				
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Mary Castillo				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
1701 Directors Blvd. Suite 300				
Address				
Austin, Texas 78744				
City/State and Zip Code				
E-mail address: (to be used for future annua	I report notification)			
For further information concerning this matter, p	please call:			
Mary Castillo	at (888) 705-7274			
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	Department of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or to change its registered office or	organized	under the la	ws of the State of	r Florida
2. The principal	the corporation: GRAND SHOF office address: 757 ARLINGT ERSBURG, FL 33701-111	ONN	ST COND	OOMINIUM A	SSOCIATION, INC
3. The mailing a	address (if different):				· · · · · · · · · · · · · · · · · · ·
4. Date of incorp	poration/qualification: 5/10/198	4	_ Document	number: N030	07
	d street address of the current regist rtment of State: (If resigned, enter r		and register	ed office on file v	with the
	MEROS & SMITH, F	² .A.			_
	757 ARLINGTON AVE N				
	SAINT PETERSBURG,		FL	33701	***
6. The name and (if changed):	I street address of the new registere Registered Agent Sol	-		nd/or registered o	office
	155 Office Plaza Dr.		Suite A	.,, .	_
	Tallahassee	P.O. Bax NOT	3230	1	
The street address changed will	ess of its registered office and the be identical.	street addr	ess of the bi	usiness office of	its registered agent,
Such change wa authorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by en notifie	its board of d in writing	directors or by a of the change.	n officer so
/s/ Yeong	g-Sae	Ye	ong-Sae		Authorized Person
I hereby accept I further agree of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a chang s been notified in writing of this ch	ent and ag ll statutes he obligati e in the req hange.		ned or typed fame and this capacity, the proper and co sition as register ce address, I her	
Hod	ranziett	1	0/01/202	1	
Sig	mulie of Registered Agena			Date	
If signing on be	half of an entity:				
	Assistant Secretary yped or Printed Name				
·	* * * FILIN	G 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)