| (Requestor's Name)                      | - |
|---|---|
| (Address)                               | - |
| (Address)                               | _ |
| (City/State/Zip/Phone #)                | - |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | _ |
| (Document Number)                       | _ |
| Certified Copies Certificates of Status | - |
| Special Instructions to Filing Officer: | 7 |
|   |   |
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Office Use Only



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AUG 01 2004

R. WHITE

## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: BAY HAVEN AT COCO BAY CONDO A SSOC, INC. (Name of Corporation)  |
| DOCUMENT NUMBER: NO400009091   |
| 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:  |
| (Name of Contact Person)   |
| Pam PROPERTY MANAGEMENT (Firm/Company)   |
| 14360 South TAMIAMI TRAIL-UNIT B   |
| FL 33912<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| (Name of Contact Person) at (239) 481-1577 (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  Street Address:  Amendment Section  Division of Corporations  Clifton Building |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

| statement of change is submitted for a corporation organized under the laws of the State of <u>Alogical A</u> in order to change its registered office or registered agent, or both, in the State of Florida.  |
|--|
| 1. The name of the corporation: BAY HAVEN AT COCO BAY CONDO CODOC  |
| 2. The principal office address: 14360 South TAMIAMITEAIL #B   |
| FORT MURRS, FL 33912   |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 9 22 2004 Document number: >040000909  |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State:</li></ol>  |
| mary Smith - Pro-Cam of SWEL =   |
| Banyan Creek Dr.   |
| FORT MYORS, FL 33908   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| PAUL SAPP - Pam Property Mamit.  |
| 14360 South Jamiami Trail-Unit B   |
| FORT MYERS, IL 33912   |
| 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 other or director)  (Printed or typed name and title)   |
| (Printed or typed name and inte)  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)  O-8-2019 (Date)   |
| (-1,3  |
| If signing on behalf of an entity:   |
| (Typed of Printed Name)  |

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