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## COVER LETTER

TO:

Amendment Section Division of Corporations

MAY Management Services, Inc.

N04000009444

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:

Shaniqua Williams

Name of Contact Person

MAY Management Services, Inc

Firm/Company

5455 A1A South

Address

St. Augustine, FL 32080

City/State and Zip Code

swilliams@mayresort.com

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

For further information concerning this matter, please call:

Shaniqua Williams

Name of Contact Person

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
_	· · · · · · · · · · · · · · · · · · ·
1. The name of	the corporation: THE WATERMARK CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.
2. The principal	office address: 240 Canal Blvd. Ste. 2, Ponte Vedra, FL 32082
-	
3 The mailing a	address (if different): 5455 A1A South, St. Augustine, FL 32080
3. <b>1.</b> 1.2	
4. Date of incor	poration/qualification: 08/01/2018
	I street address of the current registered agent and registered office on file with the rument of State: (If resigned, enter resigned)
	Sherrie Jarnutowski (Kingdom Management)
	Jacksonville, FL 32246
	Jacksonville, FL 32246
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	MAY Management Services, Inc.
	5455 A1A South
	P.O. Box NOT acceptable
	St. Augustine, FL 32080
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
lone	ct H. WARD DREGTOR Printed or typed name and title)
I furthér agrée i performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The my duties, and I am familiar with and accept the obligation of my position as registered The is document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.
(Inna Sign	Management 731/18  Date
If signing on be	half of an entity:
Anna	
T	yped or Printed Name

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