NO40000 10223

(Re	questor's Name)	
(Ad	dress)	
		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	
(50	edinent (valiber)	
Certified Copies	_ Certificates	of Status
	Filtra Office	
Special Instructions to	Filing Officer:	
Tigrahou	L	

Office Use Only



300350126963

08/12/20--01012--020 **35.00

20 AUS 12 AMII: 03

Ra Change

OCT 1 3 2020

D CUSHING

COVER LETTER

TO:

TO: Amendment Section		
Division of Corporations		
SUBJECT: SOUTH BEACH HOA, INC. Name of Corporation		
DOCUMENT NUMBER: N 04 000010223		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin	g.	
Please return all correspondence concerning this matter to the following:		
MICHAEL POMPED Name of Contact Person Alliance Property Management Socurions, L. Firm/Company 12800 Indian Rocks RD., STE. 1 Address Lange, Fl. 33774 City/State and Zip Code Apms. Michael & gmail.com E-mail address: (to be used for future annual report notification)	20 8/3	
For further information concerning this matter, please call: Michael Pompeo at (727) 503-7900 Name of Contact Person Area Code & Daytime Telepho	7	STORESTAL STATES TO ASSIGN
Traine of Contact Letson Area Code & Daytime Letepho	iic rainibi	C1

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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

1. The name of the corporation: SOUTH BEACH HOMEOWNERS ASSOC., INC. 2. The principal office address: 12800 INDIAN 1200CS RD., STE. 1 LANGO, FI. 33774
LANGO (F1. 33774
2 - 12 - 25 (1 12 5) 2222 222
3. The mailing address (if different): P.O. 130× 36, CANCO, F1. 33779-0036
4. Date of incorporation/qualification: 10/27/04 Document number: NO 40000 10223
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)
JESSICA CUMMINGS
12800 FNDIAN ROCKS RD., STE. 1
LAMBO 1F1. 33774
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AWNE HATHORN LEGAL Services LLC
150-2ND AVE. NONTH # 1270 P.O. Box NOT acceptable
ST. Petens BV76, Fl. 33701
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 Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree 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 locument 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.
7/2/2020
Signature of Registered Agent Date
If signing on behalf of an entity:
ANNE HATHORN 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 (03/12)

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 Flor IDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SOUTH BEACH HOMEOWNERS ASSOC. INC.
2. The principal office address: 12800 INDIAN ROCKS RD., STE. 1
LANGO, FI. 33774
3. The mailing address (if different): P.O. 130× 36, Lanco, F1. 33779-0036
4. Date of incorporation/qualification: 10/27/04 Document number: No 40060 10223
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)
JESSICA CUMMINGS
12800- FNDIAN ROCKS RD., STE. 1
LAMBO F1. 33774
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AWNE HATHORN LEGAL Services LLC 5
150-2ND AVE. NONTH # 1270 P.O. Box NOT acceptable
St. Petens BURG, Fl. 33701
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 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 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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