To: Page 2 of 3

2020-07-14 10:14:39 CST

16144554862 From: James Tanks III

7/14/2020

Division of Corporations



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count Name	: C T CORPORATION SYSTEM
count Number	: FCA00000023
one	: (614)280-3338
x Number	: (954)208-0845
	count Number

## REGISTERED AGENT CHANGE

COMMODORE'S RETREAT OWNERS' ASSOCIATION, INC.Certificate of Status0Certified Copy1Page Count02Estimated Charge\$43.75



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## 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: \_\_\_\_\_\_\_COMMODORE'S RETREAT OWNERS' ASSOCIATION, INC.

2. The principal office address: 561 EASTERN LAKE RD SANTA ROSA BEACH, FL 32459

3. The mailing address (if different): 546 Mary Esther Cutoff Suite 3 Fort Walton Beach, FL 32548

4. Date of incorporation/qualification: 07/03/1984 Document number: N04015

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)

ResortQuest by Wyndham Vacation Rentals

546 Mary Esther Cutoff Suite 3

Fort Walton Beach, FL 32548

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

her 001 Signattie of an officer or duccion

By:

Stephanie Boehm, Secretary Printed or typed name and title

I hereby accept the appointment as registered agent. I further agree to comply with the provisions of all si of my duties, and I am familiar with and accept the o document is being filed merely to reflected change in corporation has been notified in priting of this change	and agree to act in this capacity. tatutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
C T Corporation System Jennifer Kurz, Asst Secretary	7,14,2020
Signature of Registered Arent If signing on behalf of an entity:	Date
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)