

N05000000194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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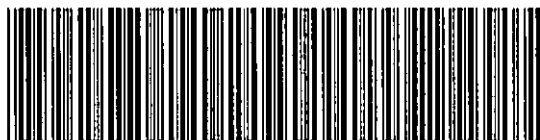
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capriana Condominium Owners Association
Name of Corporation

DOCUMENT NUMBER: N05000000194

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:

Dena Williams

Name of Contact Person

MAY Management Services

Firm/Company

5455 A1A South

Address

St. Augustine, FL 32080

City/State and Zip Code

dwilliams@mayresort.com

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

For further information concerning this matter, please call:

Dena Williams

Name of Contact Person

at (904) 940-1002 x956
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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
20 JUN 18 AM 11:40

**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: Capriana Condominium Owners Association

2. The principal office address: 5455 A1A South
St. Augustine, FL 32080

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/23/2004 Document number: N05000000194

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)

Albanese Hollander

P.O. Box 4257

Ormond Beach, FL 32175-4257

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

MAY Management Services

5455 A1A South

P.O. Box NOT acceptable

St. Augustine, FL 32080

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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]
Signature of an officer or director

Thomas G Burmeister Secretary/Treasurer
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]
Signature of Registered Agent

6/11/20
Date

If signing on behalf of an entity:

Anna Marks
Typed or Printed Name

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