

no5000003817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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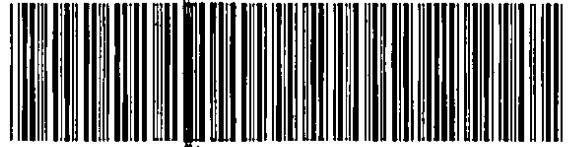
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 12 PM 3:46

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AUG 12 2010  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palm Pointe Master Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000003817

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:

Dia Coleman

Name of Contact Person

MAY Management Services

Firm/Company

5455 A1A South

Address

St. Augustine, FL 32080

City/State and Zip Code

dcoleman@mayresort.com

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

For further information concerning this matter, please call:

Ginger Matlock

Name of Contact Person

at ( 904 ) 461-9708

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

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: Palm Pointe Master Association, Inc.
2. The principal office address: 5455 A1A South, St. Augustine, FL 32080
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/13/2005 Document number: N05000003817

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)

MAY Management Services, Inc.

5455 A1A South

St. Augustine, FL 32080

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

Smith Bigman Brock

444 Seabreeze Boulevard, Suite 900

P.O. Box NOT acceptable

Daytona Beach, FL 32118

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

SHAMMUN KOLBE - PRESIDENT
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

7/25/19
Date

If signing on behalf of an entity:

Frank S. Ganz, Esq.

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

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2019 AUG 12 P 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA