## NO5 0000006677

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Name)	
(Do	ocument Number)	
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2020 JUL 16 PH 3: 56

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#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Perlas del Mar Condominiums				
Name of Corporation				
DOCUMENT NUMBER: NOSODOO	6677			
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
Penelope Holladay				
Name of Contact Person				
Coastal Living Community Management, LLC				
Firm/Company	<del></del>			
120 Portside Ave Unit 203				
Address				
Cape Canaveral, FL 32920				
City/State and Zip Code				
contact@CoastalLivingCam.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
Penclope Holladay	at (321 )693-5225  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, age is submitted for a corporation organiza to change its registered office or registere	ed under the laws of the State of Flori	da	
1. The name of t	ne corporation: PERLAS DEL MAR COND	OMINIUM ASSOCIATION, INC.		
2. The principal	office address: C/O Coastal Living Commur	nity Management, LLC		
	nue, Unit 203 Cape Canaveral, FL 32920			
3. The mailing a	ldress (if different):			
4. Date of incorp	oration/qualification: $6/28/200$ S	Document number: N0500	0000	627
	street address of the current registered age ment of State: (If resigned, enter resigned)		ne	·
			2029 JUI. 16	3
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	JI. 16	
	Coastal Living Community Management, LL	LC	PH	
	120 Portside Ave Unit 203 Cape Canaveral,	FL 32920	မှာ ဟ	
	P.O. Box N	NOT acceptable	6	
_	ss of its registered office and the street ad be identical. s authorized by resolution duly adopted be be board, or the corporation has been notif			gent,
authorized by-th	e board, or the corporation has been notif			~ D
Signatur	e of an officer or director	MH/U4EL 2( Printed or typed name and title	UR	<u> </u>
oj my auties, and document is bei	the appointment as registered agent and to comply with the provisions of all statute I I am familiar with and accept the obligated filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. es relative to the proper and comple ation of my position as registered ag registered office address, I hereby co	te perform ent. Or, i onfirm the	nance if this it the
Services	ature of Registered Agent	07/14/2020 Date		
If signing on bel	ralf of an entity:  LHe   / aduy , LCAM , ped or Printed Name	President Oostak Liv Communite	Par	aperne
	* * * FILING FEE	: \$35.00 * * *	-	J

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

# N9400000 1648

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(basiless Ellery Halle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Client Services Department cs@clayton-mcculloh.com

Clayton & McCulloh, P. A. Servicing 25 Counties Respond to: Orlando Office

July 13, 2020

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please process the attached form for a change of Registered Agent for **New River Grove Homeowners Assoc.**, **Inc.**, document number **N94000001648** at your earliest opportunity.

Enclosed is check #53892 for \$35 made payable to Department of State.

If you have any questions or complications, please contact me, David Batan, at <a href="mailto:dbatan@clayton-mcculloh.com">dbatan@clayton-mcculloh.com</a> or by phone at 407-875-2655, x151.

†hank you,

David Batan

Coordinator of Client Services

Phone: (407) 875-2655 Fax: (407) 660-4989 Toll Free: (888) 793-1486

#### COVER LETTER

1 ...

TO: Amendment Section	
Division of Corporations	
SUBJECT: New River Grove Homeowners Assoc., Inc.	
Name of Corporation	
DOCUMENT NUMBER: N94000001648	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Russell E. Klemm, Esq.	
Name of Contact Person	
Clayton & McCulloh, P.A.	
Firm/Company	
1065 Maitland Center Commons Boulevard	
Address	
Maitland, FL 32751	
City/State and Zip Code	<del></del> _
rklemm@clayton-mcculloh.com	
E-mail address: (to be used for future annual report n	otification)
,	,
For further information concerning this matter, please call	:
Russell Klemm	at (407 ) 875-2655 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2F045 (04/13)

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

statement of char	provisions of sections 607.0502, 617 0502, 607.1508, or 617.1508. Florida Statutes, thi inge is submitted for a corporation organized under the laws of the State of <u>Florida</u> ir to change its registered office or registered agent, or both, in the State of Florida.	<u> </u>
	the corporation: NEW RIVER GROVE HOMEOWNERS ASSOC., INC.	
2. The principal	office address: 6141 River Grove Drive, Miceo, Fl. 32976	
3. The mailing a	uddress (if different): Same	
4. Date of incorp	poration/qualification: 04 01 1994 Document number: N94000001648	
	I street address of the current registered agent and registered office on tile with the timent of State: (If resigned, enter resigned)	
	Glenn A. Smith	
	5930 River Grove Drive	
	Micea, FL 32976	202
6. The name and (if changed):	i street address of the new registered agent (if changed) and for registered office	2020 JUL 16
	Russell E. Klemm, Esq., c o Clayton & McCullon, P.A.	
	1065 Maitland Center Commons Boulevard	PH 3
	Pr. B. v. NoT acceptable  Maithand: PL 32751	3: 44
The street active	ess of its registered office and the street address of the business office of its registered be identical.	d agent.
THE PERMANENT	as authorized by resolution duty adopted by its board of directors or by an officer so every first the corporation has been notified in writing of the change.  DHVD F CLATOL TO THE direction of the change and title	)
	The application as registered agent and agree to act in this capacity.  The with the provisions of elistatues relative to the proper and complete performing with and accept the obligation of my position as registered agent. Considering to relieve a change in the registered office address, I hereby confirm the factor of this change.	ormance or if this that the
	That 126	
- ಚಿಕ್ಕಾಗ್ ಎ ಚ	maif of an entry:	
	presion Printed Name	

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

MARE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (04-15)