| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special instructions to Filing Officer: |
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SECRETARY OF STATE TABLEAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: Carlyle Condominium of Crescent Beach Assor |
|--|
| DOCUMENT NUMBER: NOS 000008880 |
| 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: |
| Jeanne R. Tanz Name of Contact Person |
| Certyle Condominiums Firm/Company |
| 5505 N. Atlantic Ave #207 |
| Cocoa Beach, FL 32931 City/State and Zip Code |
| Jeanine & Keysenterorise. Com Email address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jeanne R. Tanz at (321) 784-8011 Name of Contact Person 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 Tallahassec, FL 32314

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

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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: Cartyle Condominium of Crescent Beach Association |
| 2. The principal office address: 1610 Ocean Beach BIVO. Cocha Beach FL 32931 |
| 3. The mailing address (if different): 5505 N. Atlantic Ave #207 Cocoa Beach FL 32931 |
| 4. Date of incorporation/qualification: 8 29 05 Document number: NOSOOCO8880 |
| 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) |
| |
| Davis, Peter 1980 N. Atlantic Ave #701 |
| |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| DITI CIREMEIO |
| Boea Raton, FL 33-131 |
| 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. |
| Bill Green field, President |
| 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. |
| G: 3/3/10 |
| if signing on behalf of an entry: |
| 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 * * *

CR2E045 (8/05)