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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| Division of Corporations | | | | |
|---|--|--|--|--|
| WATERSIDE AT COQUINA KEY NORTH CONDOMINIUM ASSOCIATION, INC | | | | |
| Name of Corporation | | | | |
| DOCUMENT NUMBER: N05000012018 | | | | |
| 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: | | | | |
| Robert Todd, Esq. | | | | |
| Name of Contact Person | | | | |
| Association Assessment Attorneys, Inc. | | | | |
| Firm/Company | | | | |
| 111 2nd Ave NE #539 | | | | |
| Address | | | | |
| St. Petersburg FL 33701 | | | | |
| City/State and Zip Code | | | | |
| rtodd@associationaa.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| Robert Todd Name of Contact Person Name of Contact Person 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: | | | | |
| 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

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

| statement of cha | e provisions of sections 607.0502, 617.0502, 66 ange is submitted for a corporation organized | under the laws of the State of Florida | <u> </u> | | |
|--|--|--|---------------------|--|--|
| | er to change its registered office or registered | • | | | |
| 1. The name of | the corporation: WATERSIDE AT COQUINA | KEY NORTH CONDOMINIUM ASS | OCIATION, INC | | |
| 2. The principal | office address: 3700 Pompano Dr. S | E, ST PETERSBURG, FL | . 33705 | | |
| | A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 | | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incorp | 4. Date of incorporation/qualification: 11/30/2005 Document number: N05000012018 | | | | |
| | d street address of the current registered agent artment of State: (If resigned, enter resigned) | and registered office on file with the | | | |
| Shumaker, Loop & Kendrick, LLP | | | | | |
| 101 E. KENNEDY BLVD - STE. 2800 TAMPA, FL 33602 | | | | | |
| | TAMPA, FL 33602 | AHA | 2-5 | | |
| 6. The name and (if changed): | d street address of the new registered agent (if | changed) and /or registered of S | AH 0: 07 | | |
| Association Assessment Attorneys, PA | | | | | |
| 111 2nd Ave NE Suite 539 | | | | | |
| P.O. Box NOT acceptable | | | | | |
| | St Petersburg FL 33701 | | | | |
| The street address changed will | ess of its registered office and the street address of its registered office and the street address of its registered of the street address of its registered of its registere | ess of the business office of its regis | stered agent, | | |
| | as authorized by resolution duly adopted by in the corporation has been notified | ts board of directors or by an officer in writing of the change. | r so | | |
| Zili | y Loward 1 | 164 HOWARD PRESI | DONT | | |
| I hereby accept I further agree to performance of agent. Or, if the hereby confirm | the of an officer or director (I the appointment as registered agent and agr to comply with the provisions of all statutes r f my duties, and I am familiar with and accep- sis document is being filed merely to reflect a that the corporation has been notified in wri | Printed or typed filme and title Printed or typed filme and title ASSOCIAT ree to act in this capacity. relative to the proper and complete t the obligation of my position as re change in the registered office additing of this change. | gistered ress, I | | |
| 1 | 07 | 7/26/2018 | | | |
| Signature of Registered Agent | | Date | | | |
| If signing on be | chalf of an entity: | | | | |
| Robert Todo | id, Esq. | | | | |
| T | Typed or Printed Name | | | | |
| | * * * FILING FEE: \$3 | 35.00 * * * | | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)