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ACCOUNT NO. : 072100000032		
REFERENCE : 939882 4367853		
AUTHORIZATION : Jacob Bo		
COST LIMIT : \$ 35.00		
ORDER DATE : June 8, 2007		
ORDER TIME : 11:24 AM		
ORDER NO. : 939882-015		
CUSTOMER NO: 4367853		
CHANGE OF AGENT		
NAME: SIAN OCEAN RESIDENCES & RESORT MASTER ASSOCIATION, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
•		
- CONTACT PERSON: Doreen Wallace EXT# 2928		
EXAMINER:		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SIAN OCEAN RESIDENCES & RESORT MASTER ASSOCIATION, INC.
2. The principal	office address: 4001 South Ocean Drive, Hollywood, FL 33019
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 02/27/2006 Document number: N06000002200
	d street address of the current registered agent and registered office on file with the artment of State:
	Mary Koberstein
	701 Brickell Avenue, Suite 3000
	Miami, FL 33131
6. The name an (if changed):	Corporation Service Company Corporation Service Company 1201 Hays Street Condition Street address of the new registered agent (if changed) and /or registered office Corporation Service Company 1201 Hays Street
	Corporation Service Company
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addess changed will	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
< 1	Dan Tucker, President
I hereby accept further agree of my duties, a document is be corporation he	the appointment as registered agent and agree to act in this capacity. It the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this seing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change. In Service Company
1/000	Signature of Registered Agent) (Date)
If signing on b	pehalf of an entity:
Michelle R. Va	nnoy, Assistant Vice President
	(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 cr2e045 (8/05)