

ND60000003612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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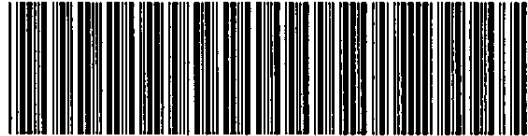
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cora-Win Cove, Inc.

Name of Corporation

DOCUMENT NUMBER: N06000003612

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:

Lance Clouse

Name of Contact Person

Becker & Poliakoff, P.A.

Firm/Company

401 SE Osceola Street, First Floor

Address

Stuart, FL 34994

City/State and Zip Code

lclouse@bplegal.com

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

For further information concerning this matter, please call:

Lance Clouse

at (772) 286-2990

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
Tallahassee, FL 32314

Street Address:

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

16 APR -4
DIVISION OF CORPORATIONS
SECRETARY OF STATE
APR 11 - 44

**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: Cora-Win Cove, Inc.
2. The principal office address: 5400 S.E. Jack Avenue, Lot M-20
Stuart, FL 34997
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/31/2006 Document number: N06000003612
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)
Scott Gordon, Esq.
Two N. Tamiami Trail, Suite 500
Sarasota, FL 34236
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Becker & Poliakoff, P.A.
401 SE Osceola Street, First Floor
P.O. Box NOT acceptable
Stuart, FL 34994

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.

Lillian Singleton
Signature of an officer or director

Lillian Singleton - 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.

Lance Clouse
Signature of Registered Agent

3/30/16
Date

If signing on behalf of an entity:

Lance Clouse
Typed or Printed Name

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

16 APR - 4 AM 11:11
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS