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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nai	me)
<u> </u>	ocument Number)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		J. HORNE
		OCT 1 / 2023





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10/02/23--01023--008 **35.00



COMMUNITY:	Serena Point
	CHECK REQUEST
VENDOR #:	V50552
INVOICE #:	FL 191423
INVOICE DATE:	09/14/23
PAYABLE TO:	Florida Department of State
MAIL TO:	DIVISION OF Corporations
	Amendment Section
	PO Box 6327 Tallahassee, Fr
AMOUNT:	\$35
DESCRIPTION:	Address Amendment - Sunbiz
ACCOUNT CODE:	
REQUESTED BY:	Mish Torres
APPROVED BY:	
CK. # AND DATE:	
COMMENTS:	

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Screna Point Condominium Association, Inc
DOCUMENT NUMBER: NO600010107
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:
Name of Contact Person Horizon Realty Management Firm/Company TLe45 Gate Parkway #202 Address Jacksunville, FL 32257 City/State and Zip Code Morres@ Novizon Fl. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mistration at 1904, Louis Telephone Number at 1904, Louis 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 Flor Ida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Screna Point Condominium Association 2. The principal office address: 7645 Gate Parkway #202 Tacksurville, FL 32256 3. The mailing address (if different): 4. Date of incorporation/qualification: 09/210/2006 Document number: NO6000010107 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) Misty Torres 6972 Lake Gloria Blud Orlando, Florida 32809 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): 7645 Gate Parkway #202
PO. Rox NOT ecospuble
Jackson VIII-, 5 32256 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. KIRK E. WURSTER HUA 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 notify I in writing of this change. 19 14 2023 Signature of Registered Agent If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE 10 FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (04/13)