

# NOB265

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 23 2018

S. YOUNG

Jay Roberts, Esq.  
Attorney at Law  
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# Becker

Becker & Poliakoff  
348 Miracle Strip Parkway SW  
Paradise Village, Suite 7  
Fort Walton Beach, Florida 32548

August 20, 2018


Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: SunDestin International Condominium Owners Association, Inc.  
N06265

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent form along with Check #9084 in the amount of \$35.00 made payable to the Department of State to cover the cost of filing. Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Jay Roberts

JL.R1/jp

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SunDestin International Condominium Owners Association, Inc  
Name of Corporation

DOCUMENT NUMBER: NO6245

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:

Jay Roberts  
Name of Contact Person

Becker & Poliakoff, PA  
Firm/Company

Paradise village, 348 miracle strip Pkwy, Suite 7  
Address

Fort Walton Beach, FL 32548  
City/State and Zip Code

jroberts@beckerlawyers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Roberts at (850) 664-2225  
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

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: SunDestin International Condominium Owners Association Inc.
2. The principal office address: 1040 Highway 98E, Destin, FL 32541
3. The mailing address (if different): SunDestin International Condominium Owners Association, P.O. Box 578, Destin, FL 32540
4. Date of incorporation/qualification: 11/20/1984 Document number: NO6265
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)

McKarem, Sam

1040 Hwy 98E

Destin, FL 32541

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Becker & Poliakoff, PC

Paradise Village 348 Miracle Strip Pkwy  
P.O. Box NOT acceptable

Suite 7, Fort Walton Beach, FL 32548

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.

[Signature]  
Signature of an officer or director

Robert S. Hays GM  
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.

[Signature]  
Signature of Registered Agent

7/19/18  
Date

If signing on behalf of an entity:

Jay Roberts  
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  
CR2B045 (03/12)

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