

NO700000 3712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

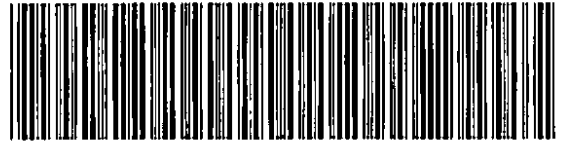
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN TOWERS AT HAMMOCK BEACH CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: NO7000003412

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:

NATHAN WADE
Name of Contact Person

TOMOKA PROPERTY MANAGEMENT, INC.
Firm/Company

4645 CLYDE MORRIS BLVD SUITE A 401
Address

PO BOX ORANGE, FL 32129
City/State and Zip Code

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

For further information concerning this matter, please call:

NATHAN WADE at (386) 361.5777
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OCEAN RIVERS AT HAMMUCK BEACH CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 4645 CLYDE HARRIS BLVD SUITE 401
PORT ORANGE, FL 32129

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 4/11/2007 Document number: NO70000003712

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)

REGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.
8390 CHAMPIONSGATE BLVD SUITE 304
CHAMPIONSGATE, FL 33896

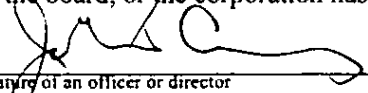
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TOMOKA PROPERTY MANAGEMENT, INC.
4645 S. CLYDE HARRIS BLVD SUITE 401
P.O. Box NOT acceptable
PORT ORANGE, FL 32129

2019 Oct 25 PM 10:10

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 of an officer or director

John B. Crummins

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 of Registered Agent

10-1-2019

Date

If signing on behalf of an entity:

NATURAL MADE

Typed or Printed Name

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