N0700009527

(Requestor's Name)	
(Address)	7002
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02,
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SEURETARY OF STATE
TALLAHASSEE, FLORID

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FEB 1 5 2016 A RATTOR



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: February 11, 2016

Order#: 010118/053

Re: ST. AUGUSTINE RESORT CONDOMINIUM ASSOCIATION, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607.0302, 617.0. inge is submitted for a corporation orgo r to change its registered office or regi.	anized under the la	aws of the State of FL
1. The name of t	he corporation: ST. AUGUSTINE RES	ORT CONDOMIN	NIUM ASSOCIATION, INC.
	office address:IARCO CT., ORLANDO FL 32819		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/26/2007	Document	t number: N07000009527
	I street address of the current registered tment of State: (If resigned, enter resig		red office on file with the
	C T CORPORATION SYSTEM		PER G
	1200 SOUTH PINE ISLAND ROAD		55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	PLANTATION	FL	33324 For 29
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) ar	nd /or registered office
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box NOT acceptable		
	Tallahassee	FL	32301
The street address changed will	ess of its registered office and the stree be identical.	et address of the bu	ousiness office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of one of the original ori	directors or by an officer so of the change.
Xie	2 aonie	Jill Cilmi, Vice President	
thereby accept further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all standing with and is document is being filed merely to rethat the corporation has been notified in Service Company	and agree to act in atutes relative to the accept the obligation	the proper and complete ation of my position as registered
Byllino	nature of Registered Agent	02/10/2016	Date
_	half of an entity:		
Grace E. Kirby,	, Asst. Vice President		
	yped or Printed Name		

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