

N07543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

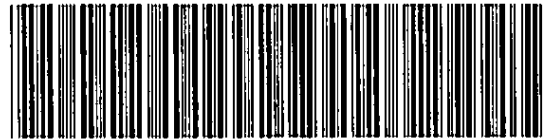
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RA & RO change

07/23/21--01010--003 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 11 2021
ARMC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N07543

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:

Rachel DeCamp
Name of Contact Person

Solutions Property Management Corporation
Firm/Company

2235 N. Courtenay Pkwy #2A
Address

Merritt Island, FL 32953
City/State and Zip Code

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

For further information concerning this matter, please call:

Rachel DeCamp at (321) 684-7793
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3901 Dixie Highway, NE
Palm Bay, FL 32905
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/08/1985 Document number: N07543
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)

Advanced Property Management, Inc.

1978 US 1, Suite 106

Rockledge, FL 32955

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

Solutions Property Management Corporation

2235 N. Courtenay Pkwy, #2A

P.O. Box NOT acceptable

Merritt Island, FL 32953

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.

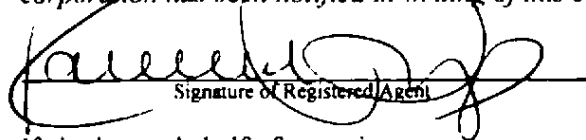


Signature of an officer or director

Richard J. Enterline, 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.



Signature of Registered Agent

7/15/21

Date

If signing on behalf of an entity:

Solutions Property Management Corp

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

CR2E045 (04/13)

FILED
2021 JUL 23 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FL 32304