815 KOODBUN

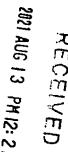
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 12000000195		
	REFERENCE	939206 8346014		
	AUTHORIZATION	: Spelle man		
	COST LIMIT	: \$ 35.00.		
ORDER DATE : A	August 2, 2021			
ORDER TIME :	11:07 AM			
ORDER NO. : S	939206-105			
CUSTOMER NO:	8346014			
CHANGE OF AGENT				
NAME: PANAMA CITY BEACH VACATION OWNERS ASSOCIATION, INC.				
PLEASE RETURN 3	THE FOLLOWING AS	PROOF OF FILING:		
CERTIFE XX PLAIN S	IED COPY STAMPED COPY			
AA FEMIN S	SIMIEED COEI			

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orgo er to change its registered office or regis	mized under the laws of the State of _	Florida
	the corporation: PANAMA CITY BEAC	,	
2. The principal	office address: 14700 Front Beach Ro	ad, Panama City Beach, FL 32413	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/04/2008	Document number: N08000	001218
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resign		th the
	Corporate Creations Network, Inc.		_
	801 US Highway 1		· ••
	North Palm Beach, FL 33408		• •••
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or registered off	ice —
	Corporation Service Company		
	1201 Hays Street		7:16
	P.O. B	lox NOT acceptable	<u>ي</u>
	Tallahassee	FL 32301	-
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its	s registered agent,
Such change wa	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or by an a	officer so
Amy Bornmann, President			
	te of an officer or director	Printed or typed name and to	
сы рышын пш	the appointment as registered agent a to comply with the provisions of all sta id I am familiar with and accept the ol- ing filed merely to reflect a change in to been notified in writing of this chang in Service Company	and agree to act in this capacity, atutes relative to the proper and com bligation of my position as registered the registered office address, I hereb e.	plete performance I agent. Or, if this y confirm that the
Bv:	M Lei	08/13/2021	
Sig	partire of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
T	yped or Printed Name		
	* * * FILING F	'EE: \$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)