

NO8000009338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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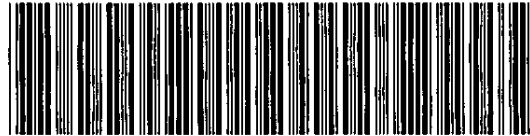
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Palm Cost Resort Community Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N08000009338

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:

Karen Wonsetler, Esq.

Name of Contact Person

Karen Wonsetler, P.A.

Firm/Company

860 N. Orange Avenue, Suite 135

Address

Orlando, FL 32801

City/State and Zip Code

office@kwpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Wonsetler

Name of Contact Person

at ( 407 ) 770-0846

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: Palm Coast Resort Community Association, Inc.
2. The principal office address: 1 Hammock Beach Pkwy, Suite 102, Palm Coast, FL 32173
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/06/2008 Document number: N08000009338

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)

MAY MANAGMENT SERVICES, INC.

5455 A1A SOUTH

SAINT AUGUSTINE, FL 32080

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

KAREN WONSETLER, ESQ.

860 N. ORANGE AVENUE, SUITE 135

P.O. Box NOT acceptable

ORLANDO, FL 32801

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

Angel Alfonso 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

7-7-2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS