N0800000 9424

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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

AUG 27 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

Fisherman's Cove II at Baytowne Wharf Condominium Association, Inc. SUBJECT:

Name of Corporation

DOCUMENT NUMBER. NO8000009424

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:

Thomas Becnel

Name of Contact Person

Sandestin Investments, LLC

Firm/Company

9300 Emerald Coast Pkwy W

Address

Miramar Beach, FL 32550

City/State and Zip Code

kristincloud@sandestin.com

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

For further information concerning this matter, please call:

Kristin Cloud

_.850 \267-8766

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

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida State or $\frac{\text{Fl}}{\text{Fl}}$	orida
		registered agent, or both, in the State of Flo	
1. The name of	the corporation: Fisherman's Cove	II at Baytowne Wharf Condominium Assoc	iation, Inc.
2. The principal	office address: 9300 Emeralo	d Coast Pkwy West, Destin, Fl	_ 32550
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/23/20	Document number: N08000	009424
5. The name and		ered agent and registered office on file with	
	Salvatori, Wood & Buck	el	
	9132 Strada Place, Fou	rth Floor	SEO TALLI 15 /
	Naples, FL 34108		CREW LAHA AUG 2
6. The name and street address of the new registered agent (if changed) an (if changed):		d agent (if changed) and /or registered offic	FILED NARY OF SI ASSEELFE 26 PM 3:
	Dana C. Matthews		TATE ORID 21
4475 Legendary Drive			
	P.O. Bo Destin, FL 32541	ox NOT acceptable	
		·	
The street address changed will	ess of its registered office and the sbe identical.	street address of the business office of its r	registered agent,
Such change wa authorized by the	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an of en notified in writing of the change.	ficer so
_ F	imas Beone	Thomas Becnel	
I hereby accept	to comply with the provisions of al	Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position a conflect a change in the registered office in the in writing of this change.	lete ss registered address, I
Stg	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	vped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)