N10864

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Amendment Section TO: Division of Corporations

SUBJECT: SEA PARK PLAZA CONDOMINIUM	ASSOCIATION, I	NC. ——		
Name of Corporation				
DOCUMENT NUMBER: N10864				
The enclosed Statement of Change of Registered	d Office/Agent and	fee a	re submitted for filing.	
Please return all correspondence concerning this	matter to the follo	wing	:	
Penelope Holladay				
Name of Contact Person				
Coastal Living Community Management, LLC				
Firm/Company				
120 Portside Ave Unit 203				
Address				
Cape Canaveral, FL 32920				
City/State and Zip Code				
contact@coastallivingcam.				
E-mail address: (to be used for future annua	l report notificati	on)		
For further information concerning this matter, [please call:			
Penelope Holladay	at (321		693-5225 & Daytime Telephone Number	
Name of Contact Person	Area	Code	& Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	: Department of Sta	ile.		
Mailing Address: Amendment Section	Street Add Amendme			
Amendment section	Amendine	Amendment section		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04-13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statut unge is submitted for a corporation organized under the laws of the State of <mark>Florid</mark> or to change its registered office or registered agent, or both, in the State of Florid	da	
 The name of The principal 	the corporation: SEA PARK PLAZA CONDOMINIUM ASSOCIATION, INC. office address: 552 HIGHWAY A1A, SATELLITE BEACH, FL 32937		<u> </u>
	address (if different):		
4. Date of incor	poration qualification: 8/27/1985 Document number: N10864		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	e	
	Resigned		
	Prestige Property Management 552 HWY A1A		
	SATELLITE BEACH, FL 32937	207	
6. The name and (if changed):	d street address of the new registered agent (if changed) and or registered office	2020 JUL 1	5
	Coastal Living Community Management, LLC	16	
	120 Portside Ave Unit 203	PH 5:	سد.
	P.O. Box. NO1 acceptable Cape Canaveral, FL 32920	: 07	
The street addras changed will	ess of its registered office and the street address of the business office of its reg I be identical.	gistered	agent.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an offic he board, or the corporation has been notified in writing of the change.	er so	
Signatu	Tre of an officer or director Printed or typed name and title	(e) (0)	nt
-l further agree -of my duties, ar -document is be	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complet all I am familiar with and accept the obligation of my position as registered againg filed merely to reflect a change in the registered office address. I hereby costs been notified in writing of this change.	e perfor ent. Or infirm th	mance if this iat the
(Smile)	plature of Registered Agent Date		
gning on be	chalf of an entity:		
Penelope Holla	aday		
-	yped 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 * * *