NII 00000 5259

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400305384544

11/08/17--01018--023 **35.00



NOV 1 4 2017 C MCNAIR

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

statement of cha	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this shange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	f the corporation: Reserve Pointe Townhomes Owners' Association, Inc.	
2. The principal	al office address: c/o Southern Association Management merald Coast Pkwy, Ste 7102, Destin, FL. 32541	
3. The mailing a	address (if different):	
4. Date of incorp	prporation/qualification: 5/27/2011 Document number: N11000005259	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Southern Association Management	
	36468 Emerald Coast Pkwy, Suite 7102	
	Destin, FL. 32541	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	į.
	Becker & Poliakoff, P. A.	t.
	348 Miracle Strip Pkwy SW, Suite 7	
	P.O. Box NOT acceptable Reserved Fort Walton Beach, FL. 32548	
The street address as changed will	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change was	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	•
Signatur	Kevin J. Bennett President Reserve Bint Townhouses Owners' Assa	i., Inc
I hereby accept to I further agree to performance of a agent. Or, if this hereby confirm t	t 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 complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I had the capporation has been notified in writing of this change.	
	October 23, 2017	
	gratum of Registered Agent) Date	
	ehalf of an entity:	
Jay L. Robert	rrts Typed or Printed Name	

Make checks payable to Florida Department of State Mail. to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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