Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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Email Address:

2019 MAR 12 PH 4:5!

REGISTERED AGENT CHANGE THE DECK CONDOMINIUM ASSOCIATION, INC.

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0 statement of change is submitted for a corpin order to change its registered of	oration organized and	ler the laws of the State of	FLORIDA.
1. The name of the corporation: THE D	ECK CONDO	MINIUM ASSOC	IATION, INC
2. The principal office address: 12700 H	ILL COUNTRY B	OULEVARD STE T-	200,
AUSTIN, TX 78738			
3. The mailing address (if different): 1270 AUSTIN, TX 78738	10 HILL COUNTR	Y BOULEVARD ST	E T-200,
4. Date of incorporation/qualification: 6/5	5/2013 Da	ocument number: N130	00005276
5. The name and street address of the currer Florida Department of State; (If resigned	nt registered agent and	registered office on file wi	ith the
C T CORPORATION	SYSTEM		
1200 SOUTH PINE	ISLAND ROAD		2019
PLANTATION	FL	33324	MAR
City	State	Zip Code	三 三
6. The name and street address of the new r (if changed):		nged) and /or registered of	MAR 12 PN 4: 44 Dett PARTE CT 0745 LATIA SSEEF CT 0745
Capitol Corporate Se	BIVICES, INC.		<u> </u>
515 East Park Avenu	ue 2nd Fl		
Street Address	P.O. Box NOT acceptable		4 · -
Tallahassee	FL Skip	32301	
The street address of its registered office a as changed will be identical.		20 come of the business office of its	s registered agent,
Such change was authorized by resolution anthorized by the board, or the corporation	duly adopted by its be has been notified in	oard of directors or by an owniting of the change.	officer so
Signature of an officer or director	<u>S</u> f	teve Beinke, Vice Pre	esident
I hereby accept the appointment as registe I further agree to comply with the provision performance of my duites, and I am familia agent. Or, if this document is being filed needy confirm that the corporation has be	red agent and agree to this of all statutes relat ar with and accept the nerely to reflect a cha een notified in writing	to act in this capacity. tive to the proper and come to obligation of my position tngg in the registered office of this change.	plete as registered e address, I
Delanie Case		03/11/2019	
Signature of Registered Agent If signing on behalf of an entity:		Dato	
Delanie Case, Asst. Secretary or	behalf of Capito	l Corporate Services	s, Inc.
Typed or Printed Name	FILING FEE: \$35.0	0 * * *	
MAKE CHECKS PAY MAIL TO: DIVISION OF CORPO	TABLE TO FLORIDA DE ORATIONS, P.O. BOX 6		2314

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