Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE THE COVE AT INDIAN ROCKS BEACH HOMEOWNER ASSOCIATIO

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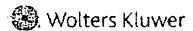
TO	
COMPANY	
FAXNUMBER	18506176380
FROM	RanaeMcGraw
DATE	2018-09-24 10:07:36 CST
RE	THE COVE AT INDIAN ROCKS BEACH HOMEOWNERS
ASSOCIATION, I	NC.

COVER MESSAGE

Thank You,

Aubrey Weibel Fulfillment Specialist CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



1209 N Orange Street Wilmington, DE 19801

www.wolterskluwer.com

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

statement of ci	hange is submitted for a corporation	617.0502, 607.1508, or 617.1508. Florida Statutes, this on organized under the laws of the State of
1. The name o	f the corporation: THE COVE AT 1	NDIAN ROCKS BEACH HOMEOWNERS ASSOCIATION, INC.
	al office address: 630 1 Me	emorial Highway, Suite 103 FL 33615
3. The mailing		
4. Date of inco	orporation/qualification: 1/3/2	014 Document number: N1400000088
5. The name at Florida Depa	nd street address of the current reg sartment of State: (If resigned, enter	istered agent and registered office on file with the resigned)
	McDonald , James M.	
	95 the Cove Way	
	Indian Rocks Beach, FL 33785	
6. The name ar (if changed):	nd street address of the new registe:	ered agent (if changed) and /or registered office
	CT Corporation System	2018 SEC TA
	c/o CT Corporation System, 1200	South Pine Island Road Box NOT acceptable
	P.O.	Box NOT acceptable
	Plantation, Florida 33324	
·		e street address of the business office of its registered agent
Such change wauthorized by t	vas authorized by resolution duly the board, or the corporation has been	adopted by its board of directors or by an officer so seen notified in writing of the change.
Delya	Phillips.	Debra Phillips President
l hereby accep l further agree performance of agent. Or, if the hereby confirm	of the appointment as registered as to comply with the provisions of f my duties, and I am familiar with his document is being filed merely to that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete in and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.
By: C T Co	rporation System Damy Wardensha	09/24/2018
	gnuture of Registered Agent	Date
f signing on be	ehalf of an entity:	
	Danny Verdecchia, Jr.	
T	Typed or Primed Name	
	* * * FILE	NG FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)