

02/2018

Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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R. WHITE
SEP 25 2018

REGISTERED AGENT CHANGE
THE COVE AT INDIAN ROCKS BEACH HOMEOWNERS
ASSOCIATIO

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FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176380

FROM Ranae McGraw

DATE 2018-09-24 10:07:36 CST

RE THE COVE AT INDIAN ROCKS BEACH HOMEOWNERS
ASSOCIATION, INC.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE COVE AT INDIAN ROCKS BEACH HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 6301 Memorial Highway, Suite 103
Tampa, FL 33615
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/3/2014 Document number: N14000000088
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

McDonald, James M.

95 the Cove Way

Indian Rocks Beach, FL 33785

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C.T. Corporation System

c/o C.T. Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Debra Phillips

Signature of an officer or director

Debra Phillips

Printed or typed name and title

President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Danny Verdecchia
Signature of Registered Agent

09/24/2018

Date

If signing on behalf of an entity:

Danny Verdecchia, Jr.

Typed or Printed Name

*** FILING 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)

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