

N15 0000 11298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

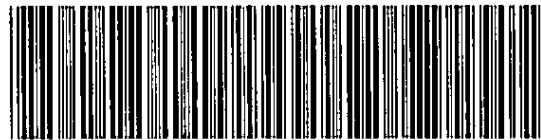
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300366888903

05/28/21--01020--006 **35.00

06/16/2021
JH

FILED
2021 MAY 28 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cape Crossing Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N 150000 11298

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Herring
Name of Contact Person

Tiered Capital, Inc.
Firm/Company

111 N. Orange Ave., Ste. 800
Address

Orlando, FL 32801
City/State and Zip Code

E-mail address: (to be used for future annual report notification) jherring@tieredcapital.com

For further information concerning this matter, please call:

Julie Herring at (407) 502-8349
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cape Crossing Condominium Association, Inc.
2. The principal office address: 202 Ivory Coral Lane
Merritt Island, FL 32953
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/25/2015 Document number: N15000011298
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)

Bates Ligon, Inc.
111 N. Orange Ave., Ste 800
Orlando, FL 32801

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

Julie Herring
125 W. Fern Dr.
P.O. Box NOT acceptable
Orange City, FL 32763

FILED
2021 MAY 28 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FL

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.

[Signature]
Signature of an officer or director

Martin C. Flynn, Jr. / President
Printed or typed name and title

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.

[Signature]
Signature of Registered Agent

20 May 2021
Date

If signing on behalf of an entity:

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 (04/13)