

N16 00000 4889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

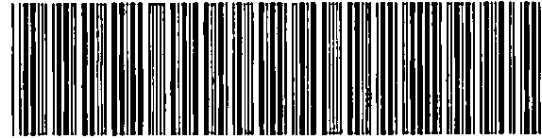
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eagles Cove Owner's Association, Inc
Name of Corporation

DOCUMENT NUMBER: NI6000004889

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:

Chris Phillips
Name of Contact Person

Crescent Management Services
Firm/Company

830-13 A1A N., Suite 129
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

crescentmgt@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Phillips at (904) 708-9328
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Eagles Cove Owner's Association, Inc.
2. The principal office address: 130 Corridor Road Box 814
Ponte Vedra Beach, FL 32004
3. The mailing address (if different): ~~PO~~ PO Box 814 Ponte Vedra Beach, FL 32004
4. Date of incorporation/qualification: 5/11/14 Document number: N1600004889
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)
Alsop Property Management
112 N Ponce De Leon Blvd
St. Augustine, FL 32085
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Crescent ~~MANA~~ Management Services, LLC
830-13 AIA N, Suite 129
P.O. Box NOT acceptable
Ponte Vedra Beach, FL 32082

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.

Michael Skoglund
Signature of an officer or director

Mae Skoglund vp
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

6-11-2020
Date

If signing on behalf of an entity:

Chris Phillips
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)

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