(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.					





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RECEIVED 2021 AUG 13 PK12: 22

2 117- 75 AUS 1 6 2011 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	939206	8346014		
	AUTHORIZATION	:	Lonelle	Renan		
	COST LIMIT	:	\$ 3.5.00			
ORDER DATE :	August 2, 2021					
ORDER TIME :	11:04 AM					
ORDER NO. :	939206-017					
CUSTOMER NO:	8346014					
CHANGE OF AGENT						
NAME: CLEARWATER BEACH RESORT VO CONDOMINIUM ASSOCIATION, INC.						
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FIL	JING:		
CERTIFIED COPY XX PLAIN STAMPED COPY						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

		617.0502, 607.1508, or 617.1508, Florida Statutes, th on organized under the laws of the State of Florida	tis
		or registered agent, or both, in the State of Florida.	
i. The name of t	he corporation: CLEARWATER	BEACH RESORT VO CONDOMINIUM ASSOCIATION	N, INC.
2. The principal	office address: 6277 Sea Harbo	r Drive, Orlando, FL 32821	_
3. The mailing a	ddress (if different):		
4. Date of incom	poration/qualification: _01/31/20	17 Document number: N17000001014	
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	Corporate Creations Network,	Inc.	
	801 US Highway 1		
	North Palm Beach, FL 33408		
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	-
	Corporation Service Company		
	1201 Hays Street		,)
		P.O. Box. NOT acceptable	, ;
	Tallahassee	FL 32301	7:
as changed will	be identical.	adopted by its board of directors or by an officer so been notified in writing of the change.	
autionized by th	ie board, of the corporation has	Amy Bornmann, President	
110	re of an officer or director	Printed or typed name and little	
I hereby accept I further agree to of my duties, and document is bei corporation has		agent and agree to act in this capacity. f all statutes relative to the proper and complete per t the obligation of my position as registered agent. \ age in the registered office address, I hereby confirm	formanc Or, if this 1 that the
By: Ceû	m lei	08/13/2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President	_	
Ţ	yped 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)