

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : 120030000037
Phone : (561)835-8500
Fax Number : (561)650-8530

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

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REGISTERED AGENT CHANGE
SEA WALK HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEA WALK HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N1700002711

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:

Sandra E. Krumbein, Esq.

Name of Contact Person

Shutts & Bowen LLP

Firm/Company

200 East Broward Blvd., Suite 2100

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

msmith@shutts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Smith

Name of Contact Person

at (954) 847-3804

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

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

1. The name of the corporation: SEA WALK HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: C/O PROPERTY KEEPERS MANAGEMENT, LLC
1350 NE 56th Street, Suite 180, Fort Lauderdale, Florida 33334
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/06/2017 Document number: NI7000002711
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)

CT Corporation1200 South Pine Island RoadPlantation, Florida 33324

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

PROPERTY KEEPERS MANAGEMENT, LLC1350 NE 56th Street, Suite 180, Fort Lauderdale, Florida 33334P.O. Box NOT acceptable

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TALLAHASSEE FLORIDA

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

Frank Covelli, PresidentPrinted 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

5/6/20
Date

If signing on behalf of an entity:

Brett BarnesTyped 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
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