

N170000002974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

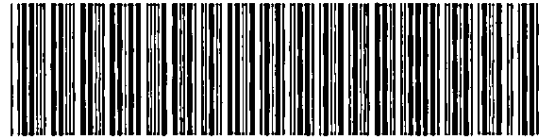
(Business Entity Name)

(Document Number)

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03/06/21--01990--007 \*\*\$4.00

2021 MAR -3 PM 12:15

4/24/21 TB

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tide's End Neighborhood Association, Inc  
Name of Corporation

DOCUMENT NUMBER: N17000062974

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:

Kelly Moran  
Name of Contact Person

Resource Property Management  
Firm/Company

28100 US Hwy 19 North Suite 200  
Address

Clearwater, FL 33761  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Moran at ( 727 ) 796-5900  
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: Tide's End Neighborhood Association, Inc.
2. The principal office address: 28059 US Highway 19 North, Ste 301  
Clearwater, FL 33761
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/16/2017 Document number: N17000002974
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)

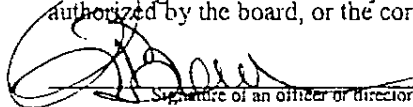
Access Management  
2970 University Parkway, Suite 101  
Sarasota, FL 34243

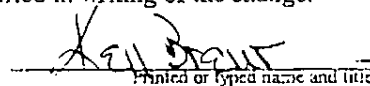
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Bennett L. Rabin  
28059 US Highway 19 North, Suite 301  
P.O. Box NOT acceptable  
Clearwater, FL 33761

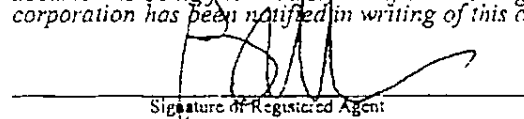
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

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 of an officer or director

  
\_\_\_\_\_  
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 of Registered Agent

2/9/2021  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Bennett L. Rabin, Esquire  
\_\_\_\_\_  
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)