N18000011832.

····				
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(50	Siliess Littly Nati	ne,		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Channel Club Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N18000011832

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:

Ben Engel

Name of Contact Person

ECI Groups

Firm/Company

2100 Powers Ferry Rd, Suite 200

Address

Atlanta, GA 30339

City/State and Zip Code

bengel@ecigroups.com

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

For further information concerning this matter, please call:

Ben Engel at 770 693-3705

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
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

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

statement of c	change is submitted for a corporation	517.0502, 607.1508, or 617.1508, Flor a organized under the laws of the State registered agent, or both, in the State	<i>e of</i> <u>Florida</u>
1. The name of	of the corporation: Channel Club	o Condominium Association	
	, GA 30339 ng address (if different):		
4. Date of inc	corporation/qualification: 11/07/20	Document number: N1	8000011832
	and street address of the current regis partment of State: (If resigned, enter	tered agent and registered office on firesigned)	2019 HAY 20
	Ken Stolenberg		
	1810 W Kennedy Blvd, S	STE 232	CO TO
	Tampa, FL 33606		
6. The name a (if changed	_	ed agent (if changed) and /or registere	d officer
		приту	
	1201 Hays Street	ov NOT acceptable	
	Tallahassee, FL 32301	or nor megawa	
as changed wi	ill be identical.	street address of the business office of dopted by its board of directors or by sen notified in writing of the change. Benjamin Engel, CFO	
Signa Signa	ature of all officer or director	Printed or typed name an	nd fitte
hereby accept further agree berformanice a ngent. Or, if i acreby confiri	pt the appointment as registered age to comply with the provisions of a of my duties, and I am familiar with this document is being filed merely I m that the corporation has been noting the corporation that the corporation	ent and agree to act in this capacity. It statutes relative to the proper and and accept the obligation of my posion reflect a change in the registered affield in writing of this change.	complete tion as registered office address, 1
S	Signature of Registered Agent	Date	· ·
f signing on t	behalf of an entity:		
DEPORN	Typed or Printed Name	(1 DEC. 625 00 4 + +	
	n n n ICILIN	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)