N18000012942

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(Address)	
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A. Butler

COVER LETTER

SUBJECT: PURA VIDA RESIDENCES COUPONINIUM ASSOC. IN Name of Corporation DOCUMENT NUMBER: NIRODON 12942 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: SHERON NICOSAN NAME OF CONTROLS Name of Contact Person Jim No DES MONAGEMENTS FAC. Firm/Company 251 WINDERARD PASSAGE, SUITE F Address LEARNAFER FC. 33767 City/State and Zip Code	
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: SHEROL WILLIAM STATEMENT OF CONTROL OF STATEMENT OF STAT	اد
Please return all correspondence concerning this matter to the following: SHEROL DICKOLS Name of Contact Person	
Please return all correspondence concerning this matter to the following: SHEROL DICKOLS Name of Contact Person	
i mile of contact i cloud	
Jim Nowes Managements INO. Firm/Company 251 WINDWARD PASSAGE, SUITEF. Address CLEARVILLE TO EL 2377	
251 WINDWARD PASSAGE, SUITEF	
(1510W15-0 F/ 2371-	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SHER DN 1) 16 16 16 16 16 16 16 16 16 16 16 16 16	
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 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

Typed or Printed Name	
f signing on behalf of an entity:	
hereby accept the appointment as registered agent and agree to act in this capacity. 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 Date	
Signature of an officer or director Printed or typed name and title	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so nuthorized by the board, or the corporation has been notified in writing of the change.	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
The street address of its registered office and the street address of its registered office and the street address.	
CLEARWATER FC. 33767	
251 Winsware Passage Sura to	
Jim NORIS MANDOS MONT TORE PITT	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	7
INDIAN SHORES, FL. 33785 ST. See	
19535 GULFBLUD STS E	
KENNERY ARSENAULT	
Florida Department of State: (If resigned, enter resigned)	
4. Date of incorporation/qualification: 12-11-2018 Document number: 20000129 5. The name and street address of the current registered agent and registered office on file with the	142
3. The mailing address (if different):	
CLEARWAYER 1=2. 33767	-
2. The principal office address: 251 Windward Passaca Suin E ASSOC.	Zu
1. The name of the corporation: Puen Vioa RESIDENCIES CONOMINI	ins
in order to change its registered office or registered agent, or both, in the State of Florida.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)