

N 19000001281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

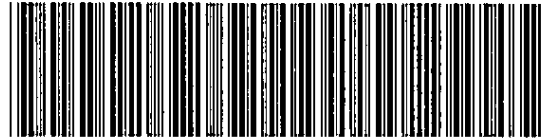
(Business Entity Name)

(Document Number)

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OCT 12 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULF BREEZE SHORES HOMEOWNER'S ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N19000001281

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:

Jim Shatz

Name of Contact Person

GULF BREEZE SHORES HOMEOWNER'S ASSOCIATION, INC.

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

gbshoa@gmail.com

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

For further information concerning this matter, please call:

Jim Shatz

Name of Contact Person

at (727) 432-9244

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
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2021

JIM SHATZ
7901 4TH ST N
STE. 300
ST. PETERSBURG, FL 33702

SUBJECT: GULF BREEZE SHORES HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: N19000001281

We have received your document for GULF BREEZE SHORES HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You have submitted 2 forms, one to change the registered agent information and an incomplete amendment to make other changes, please choose one form to submit for filing. The registered agent information can be changed on the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 421A00023845

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: GULF BREEZE SHORES HOMEOWNER'S ASSOCIATION, INC.
2. The principal office address: 7901 4th St N STE 300
St Petersburg FL
3. The mailing address (if different): 7901 4th St N STE 300
St. Petersburg FL 33702
4. Date of incorporation/qualification: _____ Document number: N19000001281
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)

Meredith C. Nagel, P.A.

1201 West Highway 50 Suite A

Clermont FL 34711

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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

James Shatz

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.

Bill Havre

Signature of Registered Agent

9/21/21

Date

If signing on behalf of an entity:

Bill Havre

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

C'R2E045 (03/12)

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