

N20 000003051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

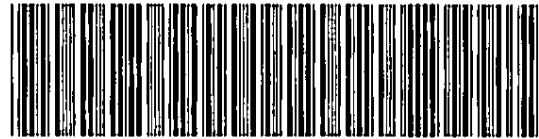
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STATE OF TEXAS
CLERK OF COURT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Grove PV Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N20000003051

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:

Cathy Bender

Name of Contact Person

MAY Management Services, Inc.

Firm/Company

5455 A1A South

Address

St. Augustine, FL 32080

City/State and Zip Code

customerservice1@maymgt.com

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

For further information concerning this matter, please call:

Cathy Bender

Name of Contact Person

at (904)

461-9708 x721

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: COASTAL GROVE PV HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 5455 A1A South, St. Augustine, FL 32080
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/16/20 Document number: N20000003051
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)

John L. Whiteman, Esq

104 Sea Grove Main St.

St. Augustine, FL 32080

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

MAY Management Services, Inc.

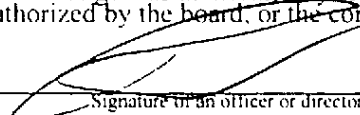
5455 A1A South

P.O. Box NOT acceptable

St. Augustine, FL 32080

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.

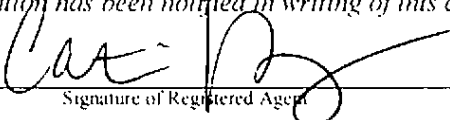


Signature of an officer or director

Robert H Hahnemann, President

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

1/11/22

Date

If signing on behalf of an entity:

CATHERINE MARKS

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)

FILED
2022 JAN 18 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL