N20278

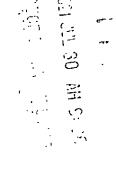
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Entity Name)			
(Business Entity Name)			
(Document Number)			
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8/17/21

COVER LETTER

TO:	Amendment Section Division of Corporations
	ECT: MARINER'S COVE PROPERTY OWNERS ASSOCIATION, INC.
DOCT	JMENT NUMBER: N20278
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
STEVI	E RUSSELL.
Name	of Contact Person
HARB	OR MANAGEMENT
Firm/(Company
641 UI	NIVERSITY BLVD., SUITE 205
Addre	353
JUPIT	ER, FL 33458
City/S	tate and Zip Code
	STEVE@HARBORFLA.COM
E-mai	l address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
STEVI	RUSSELL at (561 935-9366 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed 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

CR2E045 (04/13)

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

statement of chi	e provisions of sections 607.0502, 617.0302, 607.1308, or 617.1308, Fix ange is submitted for a corporation organized under the laws of the Sta ier to change its registered office or registered agent, or both, in the Sta	ie of FLORIDA	
1. The name of	the corporation: MARINER'S COVE PROPERTY OWNERS ASSOCIAT	10N, INC.	
2. The principal	office address: 2389 TREASURE ISLE DRIVE, PALM BEACH GARDE	NS, FL 33410	
3. The mailing:	address (if different): CAO HARBOR MANAGEMENT, 641 UNIVERSIT	Y BLVD., STE 205, JUPI	
4. Date of incor	rporation/qualification: 04/22/1987 Document number: N2)278	-
5. The name an	ed street address of the current registered agent and registered office on artment of State: (If resigned, enter resigned)	ôle with the	
	JEFFREY REMBAUM P.A.		
	9121 NORTH MILITARY TRAIL, SUITE 200		ر د ا
	PALM BEACH GARDENS, FL 33410	7.3	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or register	red office	30 AH
	KAYE BENDER REMBAUM, P.L.		E CO
	1200 PARK CENTRAL BLVD., SOUTH		٠٠. زير
P.O. Box NOT ecceptable			
	POMPANO BEACH, FL 33064		
	ress of its registered office and the street address of the business offic ll be identical.		
	vas authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the chang	by an officer so je.	
ESA DKELA (14 JOHN (JAL 15, 2021)			
	ture of an officer or director Printed or typed pair		
I hereby accept I further agree of my duties, a document is be corporation hy	of the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper as and I am familiar with and accept the obligation of my position as registed merely to reflect a change in the registered office address, as been notified in writing of this change.	y, id complete performance istered agent. Or, if this hereby confirm that the	5 ? ?
<i>JM</i>	rigidalisms of Registronal Agents 7/26/2 Date	02/	
If signing on b	pehalf of an entity:		
JEFFREY A. R	EMBAUM		
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)