## N2372D

(Rec	questor's Name)	
(Add	lress)	
(Adc	lress)	
(City	//State/Zip/Phone	#)
	WAIT	MAIL
(Bus	iness Entity Narr	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	700557	8461475
	AUTHORIZATION	:		A Renan
	COST LIMIT	:	\$ 35.	N.
ORDER DATE :	October 15, 2024			
ORDER TIME :	1:50 PM			
ORDER NO. :	700557-039			
CUSTOMER NO:	8461475			

## CHANGE OF AGENT

NAME: RESORT SIXTY-SIX OWNERS ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

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

1. The name of t	he corporation: RESO	RT SIXTY-SIX OWNERS ASSOCIATION, INC.	
	office address: Holmes Beach, FL 3	4217	
3. The mailing a	ldress (if different): _		
4. Date of incorp	oration/qualification:	12/03/1987 Document number: N23720	
	street address of the c tment of State: (If resi	current registered agent and registered office on file with the gned, enter resigned)	
	CORPORATE CRE	ATIONS NETWORK, INC.	
	801 US HIGHWAY	1	
	NORTH PALM BEA	CH. FL 33408	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service	Company	:
	1201 Hays Street		
	P.O. Box NOF acceptable		
	Tallahassee	FL 32301	

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.

/s/Stephen Prial

signature of	an e	ficer	or di	rector	

Stephen Prial
Printed or typed name and title

Date

09/27/2024

Secretary

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.

Corporation Service Company **KND** By:

Signature of Registered Agent

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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) 700557-39