7/14/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200002238163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## REGISTERED AGENT CHANGE GULFVIEW COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 2 0 2920

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

n musical state	the corporation: GULFVIEW CON	F DR. MIRAMAR BEACH, FL 32550	
2. The principal	office address;		
3. The mailing a	address (if different): 546 Mary Est	her Cut-Off Suite 3 Fort Walton, FL 32548	
		Document number: N28010	
5. The name an Florida Depa	d street address of the current regis rtment of State: (If resigned, enter)	tered agent and registered office on file with the resigned)	;
	Pace, William Matthew		
	546 Mary Esther Cut-Off Suite 3 S	UITE 7 Fort Walton, F1, 32548	2000 2000 2000
6. The name and (if changed):		ed agent (if changed) and /or registered office of the control of	SECREMENT OF STAT
	C T Corporation System		14.1 14.1
	1200 South Pine Island Road	·	:-: <b>(1</b> )
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regi	stered ag
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an office een notified in writing of the change.	er so
Feller	Lever.	Stephanie Boehm, Secretary	
Signani	re of an officer or director	Printed or typed name and title	<del></del>
I further aaron	to comply with the provisions of a ad I am familiar with and lecept it ing filed merely to reflectly change s been notified in priting of this el	ent and agree to act in this capacity. It statutes relative to the proper and complete he obligation of my position as registered ages e in the registered office address, I hereby con hange.	perform nt. Or, if yirm thai
ennifer Kurz, /	Asst Secretary	7,14,2020	
Sig	nature of Registered Agent	Date	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)