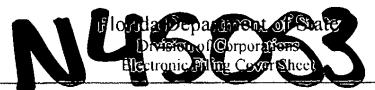
7/14/2020

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.

(((H20000223782 3)))



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:

(1) Ġ, Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

\*\*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 EMERALD SHORES HOMEOWNER'S ASSOCIATION OF SOUTH WALT

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

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $|\cdot|^{\prime}$

		gistered agent, or both, in the State of Florida	
I. The name of t	he corporation: EMERALD SHORES	HOMEOWNER'S ASSOCIATION OF SOUT	H WALTO
2. The principal	office address: 57 Emerald Shores Boo	ulevard MIRAMAR BEACH, FL 32550	
3. The mailing a	ddress (if different): 546 Mary Esther	Cut-Off Suite 3 Fort Walton, FL 32548	
	Document number: N45053		
	I street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
	Pace, William Matthew		
	546 Mary Esther Cut-Off Suite 3 Ft V	Valton Beach, FL 32548	<b>202</b>
			1020 JUL 114 Secretar
6. The name and (if changed):	I street address of the new registered  C T Corporation System	agent (if changed) and /or registered office	. IL AM 9:
	1200 South Pine Island Road	<u> </u>	1A16
		). Box_NOT acceptable	.,
	Plantation, Florida 33324		
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its regi	stered age
Such change wa authorized by th	is authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an office i notified in writing of the change.	n so
Leglii	ic of an officer or director	Stephanie Boehm, Secretary	
I hereby accent	the appointment as registered agen to comply with the provisions of all: d I am familiar with and lecept the ng filed merely to reflet the change is been notified in pritting of this chan	Printed or typed name and title  t and agree to act in this capacity, stanties relative to the proper and complete obligation of my position as registered age in the registered office address, I hereby con inge.	performa nt. Or, if t firm that t
ennifer Kurz, A	asst Secretary	7.14.2020	
-	nature of Registered Agent half of an entity:	Date	

\* \* \* 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)