

N51276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

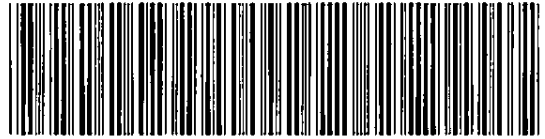
(Business Entity Name)

(Document Number)

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K. HUNT  
11/13/23

**TO: Amendment Section  
Division of Corporations**

**DOCUMENT NUMBER:** N51276

CR2E045 (04/13)

2023 JUN 13 PM 12:40

U.S. DEPARTMENT OF AGRICULTURE

**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: Surf Club Condominium Association
2. The principal office address: 104 Surfview Drive, Palm Coast, FL 32137
3. The mailing address (if different): 340 North Causeway, New Smyrna Beach, FL 32169
4. Date of incorporation/qualification: 10/08/1992 Document number: N51276
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)

Leland Management

6972 Lake Gloria Blvd

Orlando, FL 32809

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

340 North Causeway

New Smyrna Beach, FL 32169

P.O. Box NOT acceptable

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.

Don Albertson

Signature of an officer or director

Don Albertson, President, Board of Directors

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.*

Kathleen Hmiel

Signature of Registered Agent

11/7/23

Date

If signing on behalf of an entity:

Wright & Casey, P.A.

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)

2023 NOV 13 PM 12:40