## N51276

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	·
SUBJECT: Surf Club Condominium Association Name of Corporation	•
DOCUMENT NUMBER: N51276	
The enclosed Statement of Change of Registered	Office Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Katherine Hurst Miller	
Name of Contact Person	
Wright & Casey, P.A.	
Firm/Company	
340 North Causeway	
Address	<del></del>
New Smyrna Beach, FL 32169	
City/State and Zip Code	
kmiller@surfcoastlaw.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, ple	ease cail:
Diane Goodman	at (386 )446-5222
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	epartment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or hoth, in the State of Florida.
	the corporation: Surf Club Condominium	
2. The principal	office address: 104 Surfview Drive, Palm (	Coast, FL 32137
3. The mailing a	ddress (if different): 340 North Causeway	New Smyrna Beach, FL 32169
4. Date of incom	poration/qualification: 10/08/1992	Document number: N51276
<ol><li>The name and Florida Depar</li></ol>	street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with the
	Leland Management	
	6972 Lake Gloria Blvd	
	Orlando, FL 32809	YUN 6202
6. The name and (if changed):	street address of the new registered agen	(if changed) and /or registered office
	340 North Causeway	P Ds.
	New Smyrna Beach, FL 32169	PM 12:
	P.O. Bax	NOT acceptable
The street address as changed will	ss of its registered office and the street a be identical.	ddress of the business office of its registered agent,
Such change was	s authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so fied in writing of the change.
Nan Aug	of an officer or director	Don Albertson, President, Board of Directors Printed or typed name and title
hereby accept to further agree to further agree to further agree to further and focument is being torporation has	the appointment as registered agent and o comply with the provisions of all statud I I am familiar with and accept the oblig ig filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity, es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Kathy	L HWOLL  REQUISITE OF REQUISITE	11/7/23 Date
f signing on beh	alf of an entity:	
wnght	E Casey, P.A.	
* * * 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)