119200000053

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2	:0	0	0	0	0) () (0	1	9	5
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REFERENCE: 939206 8346014

AUTHORIZATION :

COST LIMIT : (\$\square, 35'.00

ORDER DATE : August 2, 2021

ORDER TIME : 11:04 AM

ORDER NO. : 939206-155

CUSTOMER NO: 8346014

CHANGE OF AGENT

NAME: SEA GARDENS BEACH & TENNIS

RESORT CONDOMINIUM ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: ___

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

statement of chai	nge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Slatti ganized under the laws of the State of Flori istered agent, or both, in the State of Florid	103
1. The name of t	he comoration: SEA GARDENS BEACH	& TENNIS RESORT CONDOMINIUM ASSOC	IATION, INC.
2. The principal	office address: 615 North Ocean Bou	rlevard, Pompano Beach, FL 33062	
-	ddress (if different):		
4. Date of incorp	oration/qualification: 10/30/1992	Document number: N92000000)53
5. The name and Florida Depar	street address of the current registere trnent of State: (If resigned, enter resigned	d agent and registered office on file with the gned)	e
	Corporate Creations Network, Inc.		
	801 US Highway 1		
	North Palm Beach, FL 33408		
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	P.O.	Box NOT acceptable	•
	Tallahassee	FL 32301	
		eet address of the business office of its reg	1
Such change wa authorized by th	is authorized by resolution duly adoption beard, or the corporation has been	oted by its board of directors or by an office notified in writing of the change.	- C
Contain	Te Moder	Antoinette Martin, President	
I hereby accept I further agree t of my duties, an document is beli corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan b. Service Company)	Printed of typed name and little and agree to act in this capacity, tatutes relative to the proper and complete bligation of my position as registered ago the registered office address, I hereby co ge.	e performance ent. Or, if this infirm that the
By: ()	. M . L el	08/13/2021	
Sign	Siure of Registered Agent	Date	
If signing on bel	half of an entity:		
	Asst. Vice President ped 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)