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## **COVER LETTER**

Division of Corporations
SUBJECT: Pebble Shoves Conjornium Association
DOCUMENT NUMBER: N9300002717
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stefany Covalobas Name of Contact Person
Wifeways Association Mgvt
2180 Immokalli Rd 17309
Naples, Fl 34110  City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stefany Covada at (239) 3483030 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Division of Corporations  Street Address:  Amendment Section  Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section



November 14, 2018

STEFANY CORDOBA 2180 IMMOKALEE RD #309 NAPLES, FL 34110

SUBJECT: PEBBLE SHORES CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N93000002717

We have received your document for PEBBLE SHORES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 218A00023416

Tracy L Lemieux Regulatory Specialist II

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## \* 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.
1. The name of the corporation: Pebblo Shoves Condominium Association
2. The principal office address: 2180 Immokalle Rd # 309
Naples, FL 34110
3. The mailing address (if different):
4. Date of incorporation/qualification: 61493 Document number: N9300002717
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)
Sandcastle Community Management
9150 Gallena Court suite 201
Naples, FL 24109
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Waterways Asociation Management, Lag
2180 Immolalité # 309 13 17
Naples, FL 34110
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.
Becky Eastick President Becky Fastia President Synature of an officer or director  Synature of an officer or director  Becky Fastia President  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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*