7/14/2020

Division of Corporations

## Florida Department of State Birdsion of Corporations Elegannic Fifting Cover Sheet

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

. /C14\300 3330

Phone

: (614)280-3338

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				
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## REGISTERED AGENT CHANGE

## ST. MARTIN BEACHWALK VILLAS OWNERS' ASSOCIATION, INC

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

SECRETARY OF STATE

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JUL 2 0 2020

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

1. The name of	the corporation: ST, MARTIN BEACHY	VALK VILLAS OWNERS! ASSOCIATI	ON, INC	
2. The principal	office address: 1006 A HWY 98 EAST I	DESTIN, FL 32541		
3. The mailing a	address (if different): C/O RESORTQUE	ST 546 Mary Esther Cut-Off#3 Ft,Walto	on Beach,	FL 3254
	poration/qualification: 11/02/1993			
	d street address of the current registered rtment of State: (If resigned, enter resign		the	
	DUNLAP & SHIPMAN, PA			
	2063 South County Hwy 395 SANTA F	3.5 :173	202	
6. The name and street address of the new registered agent (if changed) and /or registered official changed):				2020 JUL 14 AM
	C.T Corporation System		EE 53	<del>1</del> 8: 5
	1200 South Pine Island Road			<u>25</u>
	P.O. B	kox NOT acceptable	• • •	
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its	registere	d agent,
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an o- notified in writing of the change.	fficer so	
Starlin	. Pag x	Stephanie Boehm, Secretary		
Signatu	ic of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties ar	the appointment as registered agent a to comply with the provisions of all sig ad I am familiar with and facept the of ing filed merely to reflectly change in to been notified in spriting of this chang	nd agree to act in this capacity. Inites relative to the proper and comp digation of my position as registered the registered office address, I hereby e	lete perfe agent. O confirm	ormanc ir, if thi that the
document is becorporation has		2 14 2020		
C 1 Corporation	11 /	7,14,2020		
C i Corporation lennifer Kurz, <i>i</i>	11 /	7,14,2020 Date		
C i Corporation Jennifer Kurz, <i>i</i>	Asst Secretary name of Registered Agent			<del></del> -

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)