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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

Amendment Section **Division of Corporations** Ocean Oaks Condominium Associatio Name of Corporation 9933047505CC 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: Nancy Armstrong Name of Contact Person Nancy Armstrong Firm/Company 7920 Ridgewood Avenue Address Cape Canaveral, FL 32920 City/State and Zip Code Nanoceanoaks@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nancy Armstrong Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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

| | • | 02, 617.0502, 607.1508, or 617.15 ution organized under the laws of | | 'iis |
|--|---|--|---|--|
| in ord | er to change its registered offic | re or registered agent, or both, in | the State of Florida. | |
| 1. The name of | the corporation: Ocean Oa | iks Condominium Asso | ciation, Inc. | |
| | l office address: <mark>8700 Ridg</mark> naveral, Florida 3292 | ewood Avenue, Buildin 0 US | g A | · |
| 3. The mailing | address (if different): | | | |
| 4. Date of incor | poration/qualification: | Document numb | 99330475050 | CC |
| 5. The name an | | registered agent and registered off | | |
| | Precision Property M | Management Solutions, | Inc. | |
| | 137 S. Courtenay Pa | arkway #592 | | |
| | Merritt Island, Florida | a 32952 | | |
| 6. The name an (if changed): | d street address of the new regi: | stered agent (if changed) and /or i | registered office | 19 0EC - |
| | Cape Canaveral, Flo | wide 22020 | | 4.03 50.05 7.00 7.00 7.00 7.00 7.00 7.00 7.0 |
| | | P.O. Box NOT acceptable | | or STATE |
| The street addr | ess of its registered office and be identical. | the street address of the business | s office of its registere | II. |
| Such change we authorized by the | as authorized by resolution dul he board, or the corporation ha | ly adopted by its board of directors been notified in writing of the | ors or by an officer so change. | |
| Slore | y Dommers ire of Brofficer or director | | nmers, Pre | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered to comply with the provisions of my duties, and I am familiar vis document is being filed mer that the corporation has been where of Registered Agent | l agent and agree to act in this co of all statutes relative to the pro- with and accept the obligation of rely to reflect a change in the reg notified in writing of this chang | apacity. per and complete I my position as registe sistered office address. e. 2 o 1 9 | ered I |
| If signing on be | half of an entity: | | | |
| Marcy ! | transt rong | <u></u> | | |

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