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## COVER LETTER

TO: Amendment Section **Division of Corporations** DAYTONA BEACH CLUB CONDOMINIUM ASSOCIATION, INC. SUBJECT: Name of Corporation 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: MAUREEN COOPER Name of Contact Person DAYTONA BEACH CLUB CONDOMINIUM ASSOCIATION, INC. Firm/Company P. O. BOX 7316 Address DAYTONA BEACH, FL 32116 City/State and Zip Code macooper47@windstream.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAUREEN COOPER Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Statute ion organized under the laws of the State of FLORII or registered agent, or both, in the State of Florida	DA	_
		BEACH CLUB CONDOMINIUM ASSOC		N, INC
2. The principal	office address: 800 N. ATL	ANTIC AVENUE		
2. The principal		BEACH, FL 32118		
3. The mailing a	ddress (if different): P. O. Be	OX 7316		
	DAYTONA	BEACH, FL 32116		
4. Date of incorp	poration/qualification: 04/05/	/1994 Document number: N9400000	1693	···-
5. The name and		gistered agent and registered office on file with the		
	GARY THOMPSON			
	4845 BELLE TERRE I	PKWY, SUITE C19		
	PALM COAST, FL 32	164	-;·	~3
6. The name and (if changed):	I street address of the new regis	tered agent (if changed) and /or registered office	iku	2022 SEF
	FRANK GANZ, ESQ.	SMITH BIGMAN BROCK		9
	444 SEABREEZE BLV			Å.
	P.O. Box NOT acceptable DAYTONA BEACH, FL 32118		EC FLORAJA	č: <del>1</del> 3
	ess of its registered office and t be identical.	the street address of the business office of its regis	itered ag	ent.
Such change wa authorized by th	is authorized by resolution dul- ne board, or the corporation has	y adopted by its board of directors or by an officer is been notified in writing of the change.	· so	
Thaure	MAUREEN COOPER, SECRI	ETAR'	<u>Y</u>	
l furthér agrée t performance of	to comply with the provisions of my duties, and I am familiar w	agent and agree to act in this capacity.  of all statutes relative to the proper and complete  with and accept the obligation of my position as re  dy to reflect a change in the registered office addi-  notified in writing of this change.	gistered <sup>r</sup> ess, I	
- John J		8/31/22		
Signature of Registered Agent		Date		_
If signing on be	half of an entity:			
Ту	yped or Printed Name	_		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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