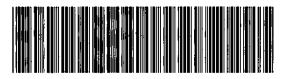
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| Certified Copies | Certificates of S | Status | | |
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| Special Instructions to Filing | Officer: | | | |
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Office Use Only



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EXAMINER

COVER LETTER

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Amendment Section Division of Corporations

TO:

| SUBJECT: Er | nerald Shores Condom Name of | ninium Association, Ind Corporation | <u>. </u> | | | |
|--|--|--|--|--|--|--|
| DOCUMENT NUM | OCUMENT NUMBER: N9400005181 | | | | | |
| The enclosed Stateme | ent of Change of Registered Offi | ice/Agent and fee are submitte | d for filing. | | | |
| Please return all corre | espondence concerning this matt | er to the following: | | | | |
| | | * | | | | |
| _ | | Williams | · · · · · · · · · · · · · · · · · · · | | | |
| | Name of C | ontact Person | | | | |
| Williams Property Management, Inc. | | | | | | |
| _ | | Company | | | | |
| | | | | | | |
| | | mble Road dress | | | | |
| | Au | uress | | | | |
| Melbourne, Florida 32934 | | | | | | |
| City/State and Zip Code | | | | | | |
| | williamswalk | @yahoo.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |
| For further information | on concerning this matter, please | e call: | | | | |
| R | obert Williams | at (321) | 960-4370 | | | |
| Name | of Contact Person | at (<u>321</u>) Area Code & Daytimo | e Telephone Number | | | |
| Enclosed is a \$35.00 | check made payable to the Depa | urtment of State. | | | | |
| | Mailing Address: | Street Address: | | | | |
| | Amendment Section | Amendment Sect | | | | |
| | Division of Corporations | Division of Corp | | | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive | | | | |
| | rananassee, FL 32314 | Tallahassee, FL | | | | |

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

| statement of cha | nge is submitted for a co | rporation organized | 07.1508, or 617.1508, Flo l under the laws of the Stat l agent, or both, in the Stat | te of Florida | |
|--|---|---|---|--|----------------------------|
| 1. The name of t | the corporation: Emera | ıld Shores Co | ndominium Assoc | iation, Inc. | |
| 2. The principal | office address: 1405 Hy | wy A1A, Box 10 | 0, Satellite Beach, Fl | orida 32937 | |
| 3. The mailing a | ddress (if different): | · · · · · · · · · · · · · · · · · · · | | <u> </u> | |
| 4. Date of incorp | poration/qualification: | 9/8/1994 | Document number: | N940000051 | 81 |
| | d street address of the currement of State: (If resigne | | t and registered office on f | ile with the | |
| | Dependable Proper | ty Managemen | t | | |
| | 1680 Highway A1A | , Suite 1 | | . <u></u> | |
| | Satellite Beach, Flo | rida 32937 | | | |
| 6. The name and (if changed): | I street address of the new | registered agent (i | f changed) and /or registen | ed office | OISIAR |
| | Williams Property N | /lanagement, In | c. | | |
| | 1694 Trimble Road | | | —— Þ | |
| | Melbourne, Florida | P.O Box NOT acc | eptable | Aff 5: | |
| The street addre | ess of its registered office | | lress of the business office | | : ≦≥ |
| Such change wa authorized by th | as authorized by resolution to board, or the corporation | on duly adopted by ion has been notific | its board of directors or ed in writing of the chang | by an officer so | |
| Signatur | re of an officer of director | <u> </u> | Robert H | | |
| I further agree l of my duties, an document is bei | the appointment as regi to comply with the provis d I am familiar with and ing filed merely to reflect s been notified in writing | sions of all statutes accept the obligat a change in the re | gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I | y. d complete perform istered agent. Or, i hereby confirm tha | iance if this it the |
| Habert Sig | nature of Registered Agent | | September : | 22, 2010 | _ |
| If signing on be | half of an entity: | | | | |
| | Robert Williams 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 (8/05)

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