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TO: Amendment Section Division of Corporations

| SUBJECT: ST. LAURENT AT WATERPARK PLACE, A CONDOMINIUM Name of Corporation |
|---|
| DOCUMENT NUMBER: N9400005661 |
| 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: |
| LAURA CADIZ |
| Name of Contact Person |
| ST. LAURENT AT WATERPARK PLACE, A CONDOMINIUM |
| Firm/Company |
| 6849 GRENADIER BLVD., OFFICE |
| Address |
| NAPLES, FL 34108 |
| City/State and Zip Code |
| LAURA.CADIZ@GUESTSERVICES.COM |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| LAURA CADIZ at (239) 592-1951 |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

| statement of chai | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida. |
|--|---|
| | |
| 1. The name of the | he corporation: ST. LAURENT AT WATERPARK PLACE, A CONDOMINIUM |
| 2. The principal | office address: 6849 GRENADIER BLVD., OFFICE |
| | NAPLES, FL 34108 |
| | ddress (if different): SAME AS ABOVE |
| 4. Date of incorp | oration/qualification: 07/01/2022 Document number: N94000005661 |
| | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | (RESIGNED) SOUTHWEST PROPERTY MANAGEMENT |
| | 1044 CASTELLO DRIVE, SUITE 206 |
| | NAPLES, FL 34103 |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office |
| | GUEST SERVICES, INC. |
| | 1004 COLLIER CENTER WAY, #201 |
| | P.O. Box NOT acceptable |
| | NAPLES, FL 34110 |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change. |
| Under | ANDERS W. ANDERS V. P. Printed or typed name and title) |
| I further agree i of my duties, an document is bei | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change. |
| - James | nature of Registered Agent) 02/09/2023 Date |
| If signing on be | half of an entity: |
| N/A Lau | ra Cadiz |
| <u> </u> | yped or Printed Name |

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