

(Re	equestor's Name)	
(Ac	ddress)	<del>,</del> -
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Name)	<del></del>
(Do	ocument Number)	
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AUG 1 6 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

·				
ACCOUNT NO. : 12000000195				
REFERENCE : 939206 8346014				
AUTHORIZATION: Smelsele man				
COST LIMIT : \$ 85.00				
ORDER DATE : August 2, 2021	••			
ORDER TIME : 11:05 AM				
ORDER NO. : 939206-150				
CUSTOMER NO: 8346014				
CHANGE OF AGENT				
NAME: SANTA BARBARA RESORT AND YACHT CLUB OWNERS ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				
EXAMINER:				

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

statement of cha	mge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
<del></del>		registered agent, ar both, in the State of Florida.	
1. The name of t	the corporation: SANTA BARBARA	RESORT AND YACHT CLUB OWNERS ASSOCIATION, IN	۱C.
2. The principal	office address: 1301 South Ocean	Boulevard, Pompano Beach, FL 33062	
3. The mailing a	address (if different):		<u> </u>
4. Date of incorp	poration/qualification: 07/13/1999	5 Document number: N95000003322	
	d street address of the current regist runent of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	Corporate Creations Network, in	IC	
	801 US Highway 1		
	North Palm Beach, FL 33408		. <del></del>
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	70 
	Corporation Service Company		
	1201 Hays Street		ئ
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered a	gent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
Seat Me	nile	Scott Martin, Secretary & Treasurer	
I hereby accept I further agree t of my duties, an document is bei corporation has Corporation	Mature of Registered Agent	Printed or typed name and title  ent and agree to act in this capacity.  It statutes relative to the proper and complete perform the obligation of my position as registered agent. Or, is the in the registered office address, I hereby confirm the thange.	nance if this it the
If signing on be	chalf of an entity:		
	, Asst. Vice President		
Т	yped or Printed Name	IC PPP, 836 00 + + +	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)