## 149acco3565

(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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SECRETARY OF STATE

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## .COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: <u>Majestic Shores Condominium A</u> (Name of Corpo	SSOC.	
DOCL	JMENT NUMBER: <u>N9600003565</u>		
The en	nclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the	ne following:	
Cindy Marrs (Name of Contact Person)			
	(Name of Contact	rerson)	
	Snace Coast Proper	ty Management	
	Space Coast Propert (Firm/Compa	ny)	
645 Classic Ct. Ste 104 (Address)			
	(Audress)		
	Melbourne, F	FI 32940	
	(City/State and Zip	p Code)	
For fur	ther information concerning this matter, please call:		
	Luana Hinton at (Name of Contact Person)	( 321 ) 757-9609 x106 (Area Code & Daytime Telephone Number)	
Enclose	ed 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

statement of cha	provisions of sections 607.9502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FL er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Majestic Shores Condominium Association, TNC.	
	office address: 1525 N. Hwy A1A // 100	
Indialantic	; FL 32903	
_	nddress (if different): 645 Classic Ct. Ste 104	
4. Date of incor	poration/qualification: Document number: N9600003565	_
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Coastal Association Management, Inc.	
	3612 Crossbow Dr.	
	Cocoa, FL 32926	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	,
	Space Coast Property Management	l
	645 Classic Ct. Ste 104 (P.O. Box NOT acceptable)	_
	Melbourne, FL 32940	
	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	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signal)	Joe Dambro-Treasurer (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the steen notified in writing of this change.	
<u>Ainel</u>	Mars Hab. 18, 2008 (Date)	
If signing on be	chalf of an entity:	
	Luana Hinton Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)