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Co	ORPORATE . "When you need ACCESS to the world" ACCESS,
\	INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
	WALK IN PICK UP: 3/3/10-ACmode
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	РНОТОСОРУ
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	FILING Amend
1.	GRAND SEAS RESORT DWNERS ASSOCIATION, (CORPORATE NAME AND DOCUMENT#)
2.	
•	(CORPORATE NAME AND DOCUMENT #)
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T.	(CORPORATE NAME AND DOCUMENT #)
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	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
SPECIAI	L INSTRUCTIONS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$	lorida
	er to change its registered office or registered agent, or both, in the State of Flo the corporation: Grand Seas Resort Owners' Association, I	
2. The principal	office address: 2424 North Atlantic Avenue, Daytona Beach, FL 3	32118
3. The mailing a	address (if different): same	
4. Date of incor	poration/qualification: 10/02/1996 Document number: NS	96000005067
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	ı the
	Kathryn Vaughan, Esquire	2018 SE
	102 East Granada Boulevard	ZOIO MAR SECRET
	Ormond Beach, FL 32176	ARY SSE
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	PH + 13
	Richard C. Booth, Esquire	- W
	102 East Granada Blvd, 2nd floor	
	P.O. Box NOT acceptable	
	Ormond Beach, FL 32176	
The street addr	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wauthorized by	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so
X Signatu	DAVID A. CRUETTI	e
I hereby accept I further agree of my duties, an document is be corporation ha	t 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 come and I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance agent. Or, if this y confirm that the
4	3/3/	1/10
Sig	znature of Registered Agent Date	
If signing on be	chalf of an entity:	
- 1	yped 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

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