7/14/2020

Division of Corporations

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

r	Address:			
rmall	ADDITION OF STREET			

REGISTERED AGENT CHANGE CAPTIVA AT TOPS'L HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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To:	Page 3 of	3	2020-07-14 09:58:3	33 CST	16144554862 From:		
		STATEMENT FOR CORPO	OF CHANGE OF REGISTERED OFF RATIONS	FICE OR REGISTERE	D AGENT OR BOTH		
	ù	statement of chai	provisions of sections 607.0502, 617.0502, 6 age is submitted for a corporation organized to change its registered office or registered	d under the laws of the Sta	nte of Florida		
•	1. The name of the corporation: CAPTIVA AT TOPS'L HOMEOWNERS' ASSOCIATION, INC						
•							
		4. Date of incorporation/qualification: 11/20/1996 Document number: N960					
		file with the					
			ROBERTS, JAY				
			348 MIRACLE STRIP PARKWAY SUITE 7	7	2020 . SECH		
			FORT WALTON BEACH, FL 32548	····			
		1020 JUL 14 AM SECRETARY OF TALLAHASSEE					
			C.T. Corporation System		8: 3 STAT E.F.L		
			1200 South Pine Island Road		TE 36		
		P.O. Box NOT acceptable					
			Plantation, Florida 33324				

Typed or Printed Name

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Signamic of an officer or disector Stephanie Boehm, Secretary Printed or typed name and little I hereby accept the appointment as registered agent and agree to act in this capacity.

I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with any facept the obligation of my position as registered agent. Or, if this document is being filed merely to reflighted change in the registered office address, I nevely confirm that the corporation has been notified in writing of this change. CT Corporation System 7.14 2020 By: Jennifer Kurz, Asst Secretary Signature of Registered If signing on behalf of an en

* * * 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 (04/13)