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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
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(De	ocument Number)	
Certified Copies	_ Certificates of	Status
Cupaint lunturations to	Filing Officer	
Special Instructions to	Filing Officer.	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

15/3/V

COVER LETTER

TO:	Amendment Sect Division of Corpo	ion orations			
SUBJI	ECT:	Belle Mer Owners	S Associa		
DOCU	MENT NUMBER	R:N	9700000	1578	
The en	closed Statement o	f Change of Registered O	ffice/Agent	and fee are submitted for filing.	
Please	return all correspoi	ndence concerning this ma	atter to the fo	ollowing:	
·		Michelle Name of	Anchors, Contact Per	Esq.	
		Keefe, Anchors,	Gordon &	Moyle, P.A.	
		in this country	Address	Anethora 3 Some Statement Section	
		City/Stat	e and Zip Co	_32547 ************************************	
		manchors@	kagmlaw	.com	
	E-mai	l address: (to be used for	or future an	.com nual report notification)	
For fur	ther information co	encerning this matter, plea	se call:		
		Anchors Esq.	at (850 <u>863-1974</u> rea Code & Daytime Telephone Numbe	-r
Enclose	ed is a \$35.00 chec	k made payable to the Dep	partment of	State.	
	A D P	lailing Address: mendment Section livision of Corporations O. Box 6327 allahassee, FL 32314	r x (1 ⁸)	Street Address: Amendment Section Division of Corporations Cliffon Building 2661 Executive Center Circle	

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

statement of ch	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flood and under the laws of the Sta d agent, or both, in the Sta	ate of Florida		
1. The name of	the corporation: Belle	Mer Owners	Association, Inc.			
2. The principa	l office address: 8269 G	Gulf Bivd #104, f	Navarre Beach, FL 32	2566		
3. The mailing	address (if different):					
4. Date of incor	poration/qualification:	03/13/1997	Document number:	N97000	0001578	
	d street address of the cur extremt of State: (If resign		nt and registered office on t	file with the		
	Becker& Poliakoff,	P.A.				
	348 Miracle Strip F	kwy, Suite 7				
	Fort Walton Beach	, FL 32548				
6. The name an (if changed):			if changed) and /or register		09 JK.h 25 SECRETARY ALLAHASSEE	
	Michelle Anchors,	Esq, Keefe, And	chors, Gordon & Moy	le P.A	ing⊸<	
٠.	909 Mar Walt Dr. Suite 1022					
	Fort Walton Beach		сериоте		I: 05 STATE ORIDA	
The street addr as changed wil	ess of its registered office	e and the street add	dress of the business offic	e of its registe	ered agent,	
Such change wanthorized by t	as authorized by resolutine he board, or the corporation	ion duly adopted b	y its board of directors or ied in writing of the chang	by an officer ge.	so	
Shemati	up of an officer or director		Lori Lonard Printed or typed nan	- KCSIO	but	
I hereby accept I further agree of my duties, and document is be corporation ha	t the appointment as regito comply with the proving I am familiar with and ing filed merely to reflect seen notified in writing	istered agent and a sions of all statute d accept the obliga t a change in the r g of this change.	ngree to act in this capacil s relative to the proper a stion of my position as reg egistered office address, l	ty. id complete po istered agent. I hereby confir	erformance Or, if this rm that the	
Mul Sign	gnature of Registered Agent		/2/18/0	9		
If signing on be	ehalf of an entity:		·			
	· · · · · · · · · · · · · · · · · · ·					
T	yped or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)