N97000003762

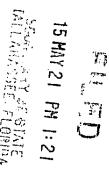
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Amendment Section

TO:

| Division of Corporations | | | |
|---|-----------|----------|--|
| SUBJECT: SEARAY CONDOMINIUM ASSOCIATION Name of Corporation | یا ایر | ر | |
| DOCUMENT NUMBER: N9700003762 | _ | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for | filing. | | |
| Please return all correspondence concerning this matter to the following: | 野島 | 15 | |
| CATHY FAILLA Name of Contact Person | With A to | MAY 21 | interest attraction attraction attraction attraction attraction |
| SWFL CAM SERVICES Firm/Company | | PH 1: 22 | J |
| 10231 METRO PKWY # 204 | - 40k | 22 | |
| FORT MYERS F. 33966 City/State and Zip Code | | | |
| Sheri @ Swfl cam, com E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Sheri Sanner at (239) 243-8 Name of Contact Person at (239) 243-8 Area Code & Daytime Telep | 700 | | <u>-</u> |
| Their code & Daytime Telep | mone i | 41110C | |
| Enclosed 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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: SEARAY CONDMINIUM ASSOCING. |
| |
| 2. The principal office address: SWFL CAM SERVICES |
| 10231 METRO PKWY 204, FORT MYERS FL 33966 |
| 3. The mailing address (if different): (Same as above) |
| 4. Date of incorporation/qualification: 1997 Document number: N9700000376 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| KASE, SUSAN |
| AMERICAN CONDO MANAGEMENT |
| 6. The name and street address of the new registered agent (if changed) and /or registered office 7 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| SWFL CAM SERVICES |
| 10231 METRO PKWY \$204 |
| FORT MYERS FL 33966 |
| 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. |
| Billing Figure of amofficer or director Printed or typed name and title |
| 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 and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent 5/12/2019 Bate |
| If signing on behalf of an entity: |
| RAIG ALENTIJE Typed or Printed Name |

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