## N9700000567L

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



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05/06/21--01012--006 \*\*35.00

2021 MAY -6 AM 3: 03
SECRETARY OF STATE

6/7/21 SP

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| Name of Corporation                              |   |
|--|---|
| DOCUMENT NUMBER: N97000005676                    |   |
| The enclosed Statement of Change of Registere    | ed Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this | <u> </u>  |
| Sherry Lindsay                                   |   |
| Name of Contact Person                           |   |
| Coconut Mallory Marina and Resort Timeshare Ow   | ner's Association, It                             |
| Firm/Company                                     |   |
| c/o Goodmanagement, LLC, PO Box 12967            |   |
| Address  |   |
| Newport News, VA 23612                           |   |
| City/State and Zip Code                          |   |
| cwells@goodmanagement.c                          |   |
| E-mail address: (to be used for future annua     | l report notification)                            |
| For further information concerning this matter.  | please call:                                      |
| Sherry Lindsay                                   | at ( 757 ) 358-1750 Area Code & Daytime Telephone |
| Name of Contact Person                           | Area Code & Daytime Telephone                     |

Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of Ci   | lange is submitted for a corporation  | 617.0502, 607.1508, or 617.1508, Florida Stat<br>on organized under the laws of the State of<br>or registered agent, or both, in the State of Flor  | Florida  |  |  |
|---|---|---|--|--|--|
|   |   | y Marina and Resort Timeshare Owner's Asso  |  |  |  |
|   |   | relt Boulevard, Key West, FL 33040  |  |  |  |
| 3. The mailing  | address (if different): c/o Goodm   | nanagement, PO Box 12967, Newport News, \   |  |  |  |
|   |   | Document number: N97000005  |  |  |  |
| 5. The name an  |   | stored agent and registered office on file with a   |  |  |  |
|   | James Kosmas, MESQ  |   |  |  |  |
|   | 111 Live Oak Street   |   | s 🔁  |  |  |
|   | New Smyrna Beach, FL 32168  |   | IOZI MAY<br>SECRETA<br>TALLA                     |  |  |
| 6. The name and (if changed):   | street address of the new register  | red agent (if changed) and /or registered office  | MAY -6<br>RETARY<br>LAHAS                        |  |  |
|   | Corporation Service Company   |   | SE 🥦   |  |  |
|   | 1201 Hays Street  |   | _E_S_T_  |  |  |
|   | P.O Box NOT acceptable  |   |  |  |  |
|   | Tallahassee   | FL 32301  | 117 00   |  |  |
|   |   | street address of the business office of its reg  |  |  |  |
| Such change wa<br>authorized by th  | s authorized by resolution duly a<br>e board, or the corporation has b  | idopted by its board of directors or by an officeen notified in writing of the change.  | er so  |  |  |
| Angmakir  | of an officer or director   | TAO MillER PRESS  | Jent   |  |  |
| I hereby accept to further agree to of my duties, and document is being corporation has Corporation | he appointment as registered ag<br>o comply with the provisions of a<br>l I am familiar with and accept to<br>g filed merely to reflect a chang<br>been notified in writing of this co<br>Service Company | ent and agree to act in this capacity,<br>all statutes relative to the proper and complete<br>the obligation of my position as registered age<br>e in the registered office address, I hereby con<br>hange. | performance<br>nt. Or, if this<br>nfirm that the |  |  |
| By: Aindr   | ea Mancari  | 05.05.21  |  |  |  |
| Sign  | iture of Registered Agent   | Date  | <del></del>                                      |  |  |
| If signing on beh   | alf of an entity:   |   |  |  |  |
| Aindrea Mancari,  | Asst Secretary  |   |  |  |  |
| Typ   | ed 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 (04/13)