N9700005848

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Soomoo Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000434689580

SECEIVED

SECULARISSEFFORD

ALLARISSEFFORD

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE : 700557 8461475

AUTHORIZATION :

COST LIMIT : \$ 35.0

ORDER DATE: October 15, 2024

ORDER TIME : 1:51 PM

ORDER NO. : 700557-041

CUSTOMER NO: 8461475

CHANGE OF AGENT

NAME: SOLARA SURFSIDE CONDOMINIUM

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of F.	=[
1. The name of t	he corporation: SOLARA SURFSI	DE CONDOMINIUM ASSOCIATION, INC),
2. The principal	•		
4. Date of incorp	oration/qualitication: 10/15/1997	Document number: N970000	05848
5. The name and		tered agent and registered office on file wit	
	CORPORATE CREATIONS NE	TWORK, INC.	
	801 US HIGHWAY 1		
	NORTH PALM BEACH, FL 334	08	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered offi	ice :
	Corporation Service Company		•
	1201 Hays Street)
		P.O. Box. NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the be identical.	street address of the business office of its	registered agent.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so
/s/Cynthia Ta	aylor	Cynthia Taylor	Secretary
I hereby accept I further agree t of my duties, an document is bei- corporation has	o comply with the provisions of a		plete performance
By: Trac	a Coky Olymature of Registered Agant	09/27/2024 Date	
_	half of an entity:		
	Asst. Vice President ped or Printed Name		
	* * * FILIS	NG 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) 700557-41