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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entry Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | of Corporations | |
|----------------------|---|--|
| SUBJECT: Silve | er Beach Village Association, I (Name of Con | nc. poration) |
| DOCUMENT NU | JMBER: N97000006762 | |
| The enclosed State | ement of Change of Registered Office/ | Agent and fee are submitted for filing. |
| Please return all co | orrespondence concerning this matter t | o the following: |
| | Priscilla Garvin | |
| | (Name of Cont | act Person) |
| | Silver Beach Village Association (Firm/Con | n, Inc. |
| : | 426 Strand (Addre | ess) |
| ! | Daytona Beach, FL 32118 (City/State and | Zip Code) |
| For further inform | ation concerning this matter, please ca | • |
| Priscilla Garvin (N | ame of Contact Person) | at (340-) 772-0001 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35. | .00 check made payable to the Departn | nent 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

| statement of ch | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statenge is submitted for a corporation organized under the laws of the State of \underline{Flc} ler to change its registered office or registered agent, or both, in the State of Flor | orida | |
|--|--|--|---------------|
| 1. The name of | the corporation: Silver Beach Village Association, Inc. | | <u>.</u> |
| 2. The principa | I office address: 426 Strand, Frederiksted, VI 00840 | | |
| 3. The mailing | address (if different): P O Box 7777, Frederiksted, VI 00841 | | |
| 4. Date of incor | rporation/qualification: 12/4/97 Document number: N97000006 | 3762 | |
| | d street address of the current registered agent and registered office on file with turtment of State: | he | |
| | Robert W. Hey | | |
| | 1025 S. Atlantic Ave. | | |
| | Daytona Beach, FL 32118 | ~ | ن |
| 6. The name an (if changed): | d street address of the new registered agent (if changed) and /or registered office | HAY OR | SECRET |
| | Thomas W. Lehman c/o Tew Cardenas LLP | a 5 | |
| | Four Seasons Tower, 15th Floor, 1441 Brickell Ave. (P.O. Box NOT acceptable) | P | 299 299 |
| | Miami, FL 33131 | 2:36 | TATE |
| The street addr as changed wil | ess of its registered office and the street address of the business office of its real be identical. | egistered agent | ጀ ን |
| Such change w authorized by t | as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change. | ficer so | |
| (Signati | Sutting Printed or typed name and title) Printed or typed name and title) | Secretar | r f |
| I hereby accept I further agree of my duties, an document is be corporation ha | t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered airing filed merely to reflect a change in the registered office address, I hereby as been notified in writing of this change. | ete performanc gent. Or, if thi confirm that the | re 's ? |
| Mo | gnature of Registered Agent) (Date) | | |
| If signing on be | chald of an entity: | | |
| | Typed or Printed Name) | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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