

7/14/2020

Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
THE CRESCENT AT MIRAMAR BEACH CONODOMINIUM
OWNERS AS**

Certificate of Status	0
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JUL 20 2020

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: THE CRESCENT AT MIRAMAR BEACH CONDOMINIUM OWNERS ASSOCIATION, INC.
2. The principal office address: 50 MONACO ST MIRAMAR BEACH, FL 32550
3. The mailing address (if different): 546 MARY ESTHER CUT-OFF STE. 3 FORT WALTON BEACH, FL 32548
4. Date of incorporation/qualification: 03/26/1998 Document number: N98000001765
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)

ROBERTS, JAY, Esq. BECKER AND POLIAKOFF

348 MIRACLE STRIP PARKWAY S.W. SUITE 7 FORT WALTON BEACH,

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.


Signature of an officer or director

Stephanie Boehm, Secretary
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.

C T Corporation System

By: Jennifer Kurz, Asst Secretary
Signature of Registered Agent

7.14.2020

Date

If signing on behalf of an entity:

Typed 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)

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 SECRETARY OF STATE
 TALLAHASSEE, FL