

N98000004727

Associated Corporate Services

(Requestor's Name)

6111 Broken Sound Parkway
N.W.

(Address)

Suite 200

Boca Raton, FL 33487

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACR
4/29/11

**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: Saturnia by the Sea Property Owners' Association, Inc.
2. The principal office address: 921 Osceola Drive, #3, Boca Raton, FL 33432
3. The mailing address (if different): P.O. Box 273867, Boca Raton, FL 33427
4. Date of incorporation/qualification: 08/10/1998 Document number: N98000004727
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)

Norman Cutri

921 Osceola Drive, #3

Boca Raton, FL 33432

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

Associated Corporate Services

6111 Broken Sound Parkway NW, Suite 200

P.O. Box NOT acceptable

Boca Raton, FL 33487

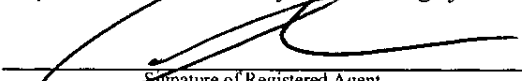
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Sylvia Pazos - President
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

April 21, 2011

Date

If signing on behalf of an entity:

Associated Corporate Services

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

FILED
11 APR 25 AM 9:55
DIVISION OF STATE
TALLAHASSEE, FLORIDA