N98000005448

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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COVER LETTER

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Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

SUBJECT: DAY TONA INN BETTCH RESOLT CONDO ASSOC, INC. Name of Corporation			
DOCUMENT NUMBER: N9800005668			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MILTON JOHNSON Name of Contact Person			
Name of Contact Person			
TW WANGEMENT INC			
「TW WANGEMINT /NC Firm/Company			
421 SOUTH AFLANTIC AVE Address			
NEW SMYRIA BENCIT, FL 32169 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MILTON JOITNSON at (386) 679-1450 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DAYTONA INN BEACH RESOLT CONDO ASSOCIANC "
2. The principal office address: 219 SOUTH ATLANTIC AVE
DAYFONA BEACH, FL 32118
3. The mailing address (if different):
4. Date of incorporation/qualification: 10-1-98 Document number: N98000005668
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)
CLIFTON, SHEERY K
1326 S. RIDGEWOOD AVE # 14 = 5
DAY TONA BEACH, FL 32118
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MILTON JOHNSON
421 SOUTH ATLANTIC AVE P.O. Box NOT acceptable
NEW SMYRNA BEACH, FL 32119
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 Sussen Holenson Vice Pres 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 5- 26-15 Date
If signing on behalf of an entity:
Typed or Printed Name

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