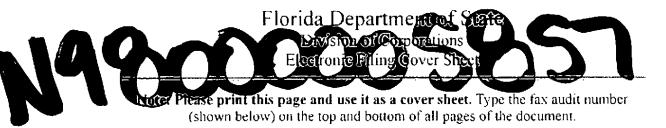
7/14/2020

Division of Corporations



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cخ

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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 LEEWARD KEY OWNERS ASSOCIATION, INC.

Certificate of Status	0
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Help

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

1. The name o	f the corporation: LEEWARD KE	Y OWNERS ASSOCIATION, INC.			
2. The principa	al office address: 2936 SCENIC G	ULF DRIVE MIRAMAR BEACH, FL 32550			
3. The mailing	address (if different): 5-16 Mary 8	Esther Cut-Off Suite 3 Fort Walton, FL 32548		_	
4. Date of inco	rporation/qualification: 10/14/19	Document number: N98000005857			
	nd street address of the current regartment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	:		
	Pace, William Matthew		53		
	546 Mary Esther Cut-Off Suite 3				
			RY 0		
6. The name and street address of the new registe (if changed):		tered agent (if changed) and /or registered office	OF STAT		
	CT Corporation System		កៅ		
	1200 South Pine Island Road				
	Plantation, Florida 33324	P.O. Box NOT acceptable			
The street add as changed wi	ress of its registered office and t	he street address of the business office of its regi	stered ag	ĮC!	
		y adopted by its board of directors or by an office s been notified in writing of the change			
Hell	nfren	Stephanie Boehm, Secretary	Stephanie Boehm, Secretary		
I hereby accept further agree of my duties, a document is be corporation had a full of the	of the appointment as registered to comply with the provisions a and I am familiar with and locep ging filed merely to reflecte cha as been noufied in priting of this	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete of the obligation of my position as registered ageing the registered office address, I hereby consciouse.	perform nj. Or. ij ifirm tha	ar f 1, t 1	
	Asst Secretary	7,14,2020			
	ignature of Registerix/Agent	Date			

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