

N99000 003 017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

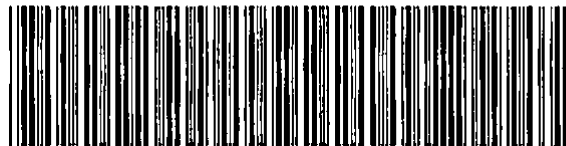
(Business Entity Name)

(Document Number)

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R. WHITE  
AUG 06 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2019

THE COURTYARDS AT SANDY PINES HOMEOWNERS ASSOCIATION  
PO BOX 100130  
PALM BAY, FL 32910

SUBJECT: THE COURTYARDS AT SANDY PINES PRESERVE  
HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N99000003017

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 919A00013623

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Courtyards at Sandy Pines Hold, Inc  
Name of Corporation

DOCUMENT NUMBER: N 9900000 3017

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:

Sara LaPointe, CAM/Agent

Name of Contact Person

Bayside Mgmt Services & Consulti

Firm/Company

PO Box 100130

Address

Palm Bay FL 32910

City/State and Zip Code

sara.baysidemgmt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara LaPointe

Name of Contact Person

at ( 321 ) 676-6446

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

7315

**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**

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 Cove at Sandy Pines HOA,  
2. The principal office address: 476 A1A, Ste 4A, Satellite Beach, FL 32937

3. The mailing address (if different): PO Box 100130, Palm Bay, FL 32910

4. Date of incorporation/qualification: 8/20/1999 Document number: N9900000322

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)

Resigned

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

Bayside Mgmt Services & Consulting, Inc.

476 A1A, Ste 4A


P.O. Box NOT acceptable

Satellite Beach, FL 32937

2019 JUN -6 AM 9:06

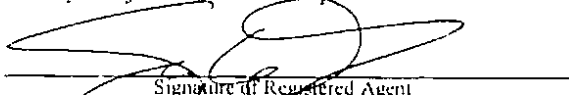
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Livia Korol  
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

6/11/19

Date

If signing on behalf of an entity:

Sara LaPointe, Vice President

Typed or Printed Name