N99000007235

	(Requestor's Name)					
	(Address)	_				
	(Address)					
<u></u>	(City/State/Zip/Phone #)					
PICK-UI	P WAIT MAIL					
· .	(Business Entity Name)					
	(Document Number)	_				
Certified Copies	Certificates of Status					
		_				
Special Instruction	s to Filing Officer:					

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06/14/10--01040--001 **35.00

SECRETARY OF STATE

B.A

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JUN 16 2010

COVER LETTER

Amendment Section Division of Corporations

TO:

DOCUMENT NUME	ER:N9900007235
The enclosed Statemer	t of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
•	Michelle Anchors
	Name of Contact Person
	Keefe, Anchors, Gordon & Moyle, P.A.
	Firm/Company
	909 Mar Walt Drive, STE 1022
-	Address
	•
	Fort Walton Beach, FL 32547
	City/State and Zip Code
	manchors@kagmlaw.com
, E-1	nail address: (to be used for future annual report notification)
. •	i
For further information	concerning this matter, please call:
	1
Mic	nelle Anchors at (850) 863-1974
_ Mic	nelle Anchors at (850 863-19) of Contact Person Area Code & Daytime Telepho

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

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 of statement of change is submitted for a continuous in order to change its register.	corporation organize	d under the laws of the Ste	ate of Florida			
1. The name of the corporation: Silve	r Beach Towe	rs Property Owne	rs Associa	ition, I	nc.	
2. The principal office address: 1050	Hwy 98 E, STE 1	00, Destin, Florida 3	2541			
3. The mailing address (if different):		,				
3. Date of incorporation/qualification: 12/08/1999 Document number:				N99000007235		
5. The name and street address of the confidence of State: (If resignation of State)		nt and registered office on	file with the			
Raymond F Newr	man					
348 Miracle Strip	Pkwy SW, STE	7				
Fort Walton Beac	h, Florida 32541	· -	A S	2010		
6. The name and street address of the ne (if changed):	ew registered agent (if changed) and /or registe	ECRETAR LLAHASS red officials	PHH II	T	
Michelle Anchors				3	П	
909 Mar Walt Driv				·	O	
Fort Walton Beac	P.O. Box NOT ac h, FL 32547		Ę.	20		
The street address of its registered off as changed will be identical.		dress of the business offi	ce of its regist	ered age	ent,	
Such change was authorized by resolution authorized by the board, or the corpor	ution duly adopted b ation has been notif	y its board of directors of ied in writing of the chan	r by an officer ige:	' so ·	· :	
Saparure of an officer or director		Printed or typed na		• • •	<u>-</u> ••	
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to reflect to corporation has been potified in writing the signature of Registered Rem	gistered agent and a visions of all statute nd accept the obliga ect a change in the r ng of this change.			verforma '. Or, if irm that	nce this the	
If signing on behalf of an entity:	· ·					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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