## 91300020855

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ry/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	_,
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Surroundings On The Harbor, Inc.

Mame of Corporation

DOCUMENT NUMBER: P13000020855

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:

Bridge + Carn less
Name of Contact Person

Scerroundings On The Harbor

Firmle ompany

252 Teques + a Dr

Address

Destin Fl 3354/

City/State and Zip Code

b Carnley 2012 o quare com

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

For further information concerning this matter, please call:

Dridge f Carnley at (\$50) 502-1529

Name of Contact Person Area Code & Daytime Telephone Number

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

RECEIVED

2018 NOV -5 AM 11: 50

SECRETARY OF SER

CR2E045 (03/12)

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



August 30, 2018

BRIDGET CARNLEY 385 HARBOR BOULEVARD SUITE 102 DESTIN, FL 32541

SUBJECT: SURROUNDINGS ON THE HARBOR, INC.

Ref. Number: P13000020855

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Letter Number: 318A00018100

Claretha Golden Regulatory Specialist II

## 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: Burroundings On The Harbor, Inc
2. The principal office address: 252 Teaues for Dr
Destin H. 32541
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/5/2013Document number: P13000020855
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)
Dridge F Carnier 28
ass leguesta ur
Vestin, Fl. 33541
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Tacan M. An. to.
11/02/Javarre Partivar
P.O. Box NOT acceptable 325LeW
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.
Bridget Carnley Bridget Carnley Signature of an officer or director 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
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 Date
If signing on behalf of an entity:
Typed or Printed Name  * * * FILING FEE: \$35.00 * * * *
* * * FILING FEE: \$35.00 * * * * * * * * * * * * * * * * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)