## 94000048256

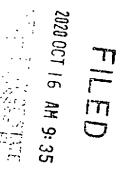
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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Account#: 120000000088

Date:10/16/2020	
Name: Merritt Walker	,
Reference #: 1264015	
Entity Name: DELRA	Y BAY PROPERTIES, INC.
Articles of Incorporation/Auth	norization to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	PLEASE RETAIN THE ORIGINAL
Conversion	DATE OF SUBMISSION, 10/16/2020
Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:\$3	35
Signature:	

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

statement of cha	nge is submitted for a corpor	)2, 617.0502, 607.1508, or 617.1508, Flo. ation organized under the laws of the Stat we or registered agent, or both, in the Stat	e of Florida	
1. The name of t	he corporation:	DELRAY BAY PROPERT	TES, INC.	
	office address: No Change			
3. The mailing ac	ddress (if different):			
4. Date of incorp	poration/qualification: Jun	e 28, 1994 Document number:	P94000048256	6
	street address of the current tment of State: (If resigned, e	registered agent and registered office on f nter resigned)	He with the	
	National F	Registered Agents Inc		
	1200 Sou	th Pine Island Road	202	
	Planta	ation, FL 33324	2020 OCT	77
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or register	ed office: 6 AH 9:	I E D
	115 North Calho		35 —	
	Tallahassee, FL	P.O. Box NOT acceptable 32301		
The street addre as changed will	ss of its registered office and be identical.	I the street address of the business office	of its registered agen	ıt.
		aly adopted by its board of directors or b has been notified in writing of the change		
/s/ Natalia Os	stensen re of an officer or director	Natalia Ostensen	Secretary	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registere o comply with the provisions my duties, and I am familiar is document is being filed me	rince of typed name of agent and agree to act in this capacity s of all statutes relative to the proper and with and accept the obligation of my po- rely to reflect a change in the registered in notified in writing of this change.	l complete sition as revistered	
/s/ Tim Mayv		10/15/2020		
	half of an entity:	Date		

Tim Mayville, Assistant Secretary
Typed or Printed Name

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