P98000107389

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filing Officer.	
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COVER LETTER

Division of Corporations	
SUBJECT: Osprey Cove Florida, Inc (Name of Corporation)	on)
(Name of Corporation	ony
DOCUMENT NUMBER: P98000107389	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Brian Kosoy	
(Name of Contact Per	rson)
	·
Osprey Cove Florida, Inc (Firm/Company)	·
(Filli/Company)	
One North Clematis Street Suite 305	
(Address)	
·	
West Palm Beach, FL 33401	
(City/State and Zip C	ode)
For further information concerning this matter, please call:	
Vince Costello at (5	561 \ 835-1810
(Name of Contact Person)	561 835-1810 Area Code & Daytime Telephone Number)
	-2
Enclosed is a \$35.00 check made payable to the Department of	State.
	a
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida	
	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Osprey Cove Florida, Inc.:	_
	office address: One North Clematis Street Suite 305	_
	Beach, FL 33401	_
3. The mailing a	ddress (if different):	_
4. Date of incorp	poration/qualification: 12/29/1998 Document number: P98000107389	
	I street address of the current registered agent and registered office on file with the rtment of State:	
	NRAI Services, Inc	
	NRAI Services, Inc 2731 Executive Park Drive, Suite 4	
	Weston, FL 33331)
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	3
	Brian Kosoy	
	One North Clematis Street Suite 305	
	(P.O. Box NOT acceptable)	
	West Palm Beach, FL 33401	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signati	Brian Kosoy, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
(Si	gnature of Registered Agent) (Dafe)	
If signing on be	chalf of an entity:	
	Typed or Printed Name)	

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