Electronic Filing Cover Sheet

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(((H24000344757 3)))



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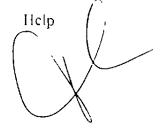
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REGISTERED AGENT CHANGE ORMOND BEACH MANAGEMENT CORP.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



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

•	provisions of sections 607,0502, 617,0502 inge is submitted for a corporation organi			
-	r to change its registered office or registe.	, , , , , , , , , , , , , , , , , , ,		
1. The name of t	he corporation: Ormond Beach Manageme	пі Согр.		
	office address: 2845 Florida Plaza BV, Kiss			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/5/1990	Document number: S17315		
	street address of the current registered ag tment of State: (If resigned, enter resigned		the	
	Corporation Company of Orlando			
	300 South Orange Avenue, Suite 1600, Orl	ando, FL 32801		
		.	<u>.</u>	2024
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	IALLAH ALLAH	2024 OCT 15
	C T Corporation System		AHAS	
	1200 South Pine Island Road		SEE	<u> </u>
	P.O Box Plantation, Florida 33324	NOT acceptable	PA	AM 10: 08
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business office of its r	egistered	l agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an of fied in writing of the change	licer so	
Jal 2	cot an officer or director	Todd Syoboda, Vice President		
I hereby accept I further agree to of my duties, am document is bei	the appointment as registered agent and o comply with the provisions of all statu of I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. les relative to the proper and compl action of my position as registered a	lete perfo went. O	r. if this
Michele	Holden, Assistant Secretary half of an entity:	Date		
	ped or Printed Name			
13	* * * FIL INC. FF	1. \$35 nn * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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