N97000001463

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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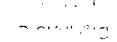
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2021 AUG 13 PA IZ: 14
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RECEIVED

Rachang



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 939206 8346014

AUTHORIZATION :

COST LIMIT : \${35.00

ORDER DATE : August 2, 2021

ORDER TIME : 11:05 AM

ORDER NO. : 939206-154

CUSTOMER NO: 8346014

CHANGE OF AGENT

NAME: SEA GARDENS BEACH & TENNIS

RESORT - OCEAN PALMS OWNERS

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi	ized under the laws of the S	State of Florida	
	r to change its registered office or registe	-	•	
1. The name of t	he corporation: SEA GARDENS BEACH & TEN	INIS RESORT - OCEAN PALMS	OWNERS ASSOCIATION, INC.	
2. The principal	office address: 615 North Ocean Boulev	ard, Pompano Beach, FL	33062	
3. The mailing a	ddress (if different):	•		
4. Date of incorp	poration/qualification: 03/17/1997	Document number: _	N97000001463	
	street address of the current registered at trnent of State: (If resigned, enter resigne	-	n file with the	
	Corporate Creations Network, Inc.			
	801 US Highway 1			
	North Palm Beach, FL 33408			
 The name and (if changed): 	street address of the new registered ager Corporation Service Company	at (if changed) and /or regis	secone 1	
	1201 Hays Street			
		NOT acceptable	—— 至於 13 1	
	Tallahassee	FL 32301	등 등 모	
The street addre as changed will	ss of its registered office and the street be identical.	address of the business of	- TI外 -	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors of the cha	or by an officer so	
Oyan Dipan		Bryan Dixon, President		
•	e of an officer or director	Frinted or typed r		
Corporation By:	the appointment as registered agent and o comply with the provisions of all state of a line of all state of a line o	d agree to act in this capa utes relative to the proper gation of my position as re e registered office address Date	city, and complete performance egistered agent. Or, if this , I hereby confirm that the	
if signing on bel	half of an entity:			
	Asst. Vice President			
Ту	ped or Printed Name			
* * * 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 (04/13)