720786

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Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Charlotte Shores One Property Owners' Association, Inc. Document No. 720786

check number 1034 in the amount of \$35.00 to cover the cost of filing.

Thank you for your attention to this matter.

Enclosed please find a Statement of Change of Registered Office or Registered

Agent or Both for Corporations for the above-referenced Association, as well as

Dear Sir/Madam:

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Joseph E. Adams
For the Firm

Very truly yours,

Enclosures (as stated)

JEA/sds

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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 Statute nge is submitted for a corporation organized under the laws of the State of <u>Florid</u> r to change its registered office or registered agent, or both, in the State of Florida	<u>a</u>	
	he corporation: Charlotte Shores One Property Owners' Association, Inc.	•	
	office address: 5090 Genesse Parkway, Bokeelia, FL 33922	·	
z. me pimeipui	,		
3. The mailing a	ddress (if different): Post Office Box 320, Bokeelia, FL 33922		
4. Date of incorp	poration/qualification: 04/23/1971 Document number: 720786		
	street address of the current registered agent and registered office on file with the tment of State:		
	Oscar M. Edelson	97	
	5766 Linden Lane	07 AUG 24 SEONE IARY FALLAHASS	~1 1
	Bokeelia, FL 33922		FILED
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	OF STATE	
	Becker & Poliakoff, P.A., c/o Joseph E. Adams, Esquire	D	
	14241 Metropolis Ave., #100		
	(P.O. Box NOT acceptable) Fort Myers, FL 33912		
_	ess of its registered office and the street address of the business office of its registered be identical. as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		
Osea.	melle of an officer or director) SERE MEGELER (Printed or typed name and title)	1 CPR	ير المطالقة الم
I further naree	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 and I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby consider the control of this change.	performance nt. Or, if this nfirm that the	
(si	gnature of Registered Agent) (Date)		
If signing on be	chalf of an entity:		
Joseph E. Ad	ams, Esquire Typed or Printed Name)		

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