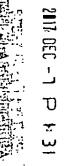


(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Omoe Only



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T T M O

DEC 0.8 2017



COVER LETTER

TO: Amendment Service Division of Co	ection Prorations				
Terrace	Palms Condominium As	sociation, I	nc.		
SUBJECT:	Name of Corporation				
DOCUMENT NUMB	765926				
	t of Change of Registered Office/A	gent and fee at	re submitted for filing.		
Please return all corres	pondence concerning this matter to	the following:			
C	narles Evans Glau	sier			
!	Name of Contac	t Person			
G	lausier Knight, PL	.LC			
	Firm/Comp				
400 N. Ashley Drive, Ste. 2020					
	Address				
Ţ	jampa, FL 33602				
City/State and Zip Code					
cgˈlausier@glausierknight.com					
Email address: (to be used for future annual report notification)					
For further information	n concerning this matter, please call	:			
Charles Eva	ans Glausier	., _. 813	440-4600		
Namelo	of Contact Person	Area Code	& Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
1	Mailing Address:	Street A	Address: ment Section		
Ŋ	Amendment Section Division of Corporations		ment Section on of Corporations		
1	P.O. Box 6327	Clifton	Building		
	Tallahassee, FL 32314	2661 E	xecutive Center Circle		

Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the	provision	s of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is sul		bmitted for a corporation organized under the laws of the State of Florida
in orde	r to chan	ge its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corpo	Terrace Palms Condominium Association, Inc.
2. The principal	office ad	dress: 17824 N. US Hwy 41, Lutz, FL 33549
	•	
3. The mailing address (i		f different):
J	` 	
4. Date of incorporation/qualification: 12/0		ualification: 12/02/1982 Document number: 765926
5. The name and	l street ad	Idress of the current registered agent and registered office on file with the State: (If resigned, enter resigned)
	Charle	es Evans Glausier
	1801	N. Highland Avenue
	Tamp	a, FL 33602
6. The name and (if changed):	street ad	dress of the new registered agent (if changed) and /or registered office
	Charle	es Evans Glausier
	400 N	. Ashley Dr., Suite 2020
-		P.O. Box NOT acceptable
	Tamp	a, FL 33602
The street addre	ess of its be identi	registered office and the street address of the business office of discregistered agent; cal.
Such change wa authorized by th	is authori ne board.	zed by resolution duly adopted by its board of directors or by an officer so or the corporation has been notified in writing of the change.
15/MIKEL Signatur	STU	Mike L. Starcher, President
I further agrée t performance of	o comply mv dutie:	intment as registered agent and agree to act in this capacity. 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 ent is being filed merely to reflect a change in the registered office address, I orporation has been notified in writing of this change.
_Chal	ne fi	W 6 DEC 17
Sign	nature of Re	gistered Agent Date
If signing on bel	half of a	entity:
	1 1	
Ту	ped or Print 	
	!	* * * 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 (03/12)