

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	i i
Certified Copies Certificates of S	itatu <b>s</b>
Special Instructions to Filing Officer:	i
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## COVER LETTER

TO: Amendment Section Division of Corporations		
0.00		· Ara in Time
SUBJECT: Y; KFS	(Name of Corporation	it ini'uy Atracianion,
DOCUMENT NUMBER:	N 2783+	770536
The enclosed Statement of Change	 of Registered Office/Agent a	nd fee are submitted for filing.
Please return all correspondence co		
	MONIQUE TO	EL
	(Name of Contact Pers	on)
	<u> </u>	
AlluRe	PRODERTY MA	INDREMENT, In.
<del></del>	(Firm/Company)	<del></del>
7040 701	UN CENTER 1	kwy.
	(Address)	1
/ plc=	Wood RANUL (City/State and Zip Co	FL 3462
	(City/State and Zip Co	de)
For further information concerning	this matter, please call:	
1		an andm
NITTO OF CONTACT PS	ircon) at (	rea Code & Daytime Telephone Number)
(Nathe of Confact re	(7:	rea Code & Daytime Telephone (Valueti)
Enclosed is a \$35.00 check made pa	  yable to the Department of S	itate.
<u>Mailing Ad</u> Amendme	dress:	Street Address:
		Amendment Section
P.O. Box 6	f Corporations	Division of Corporations Clifton Building
<b>.</b>	e, FL 32314	2661 Executive Center Circle
i analiasso	,	Tallahassee, FL 32301

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

Pursuant to the p	provisions of sections	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of cha	nge is submitted for a	corporation organized under the laws of the State of Hokida	
in order		red office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation:	PERS WAITE CONDOMINIUM AUSOCIATION,	<i>I</i> ~ (
2. The principal		YO TOWN CENTER PKWY!	
	مر)	KEWOOD RANGE FL 34 tot	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification	9/30/83 Document number: 770 536	
5. The name and	street address of the	current registered agent and registered office on file with the	
Florida Depar	tment of State:		
		Kingsley HallEldin	
	do	Lyhthouse MANAGENENT	,
		495-1 RINGWOOD MEADOW	P
		JARASOTA, PL 34231	
	street address of the	new registered agent (if changed) and /or registered office	
(if changed):		all Do Hancasan	
		All URE PROPERTY MANAGEMENT, INC.	
	Goyo		
	ا ما م	FUDER RANCH FL 34 tot	
	LAC	EMOND HANCH HE 3 4 881-	
The street addre	ess of its registered of be identical.	ffice and the street address of the business office of its registered agent,	
Such change wa	is authorized by reso	lution duly adopted by its board of directors or by an officer so irration has been notified in writing of the change.	
authorized by it.	le board, of the corpo	KINGSAY HAMINDIN PROSIDEN	
WAX J 174	ire of an officer of director)	(Printed or typed name and title)	
I hereby accept	the appointment as	registered agent and agree to act in this capacity.  ovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change.	
I further agree to of my duties, an	o comply with the pr d I am familiar with	ovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this fact a change in the registered office address. I hereby confirm that the	
corporation has	been notified in wri	ting of this change.	
	U	- 98/7	
(Sig	nature of Registered Agent	(Bit): T	
If signing on be	half of an entity:	(	
r	Innid XE T	10 lo R	
(1	yped or Printed Name)		
	!	* * * FILING FEE: \$35.00 * * * \$ \$ \$	
	Marraman	CONVADIO TO ELODIDA DEDADTMENT OF STATE	

MAKE CHECK'S PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314