N00415

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
. (Do	ocument Number)				
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER

TO:	TO: Amendment Section Division of Corporations			₹¥.¥		
SUBJ	ECT: BED	FORD J CONDOMI Name of Co		NC _		
DOC	UMENT NUMBER:		100415			
The e	nclosed Statement of	Change of Registered Office	e/Agent and fee are sub	mitted for filing.		
Please	e return all correspond	dence concerning this matter	to the following:			
		Douglas	Christy			
		Name of Cor	itact Person			
		Wetherington, Hamilton	n. Harrison & Fair. I	PA		
		Firm/Co				
		1010 N. Flor		·····		
		Addi	ress			
		Tampa Flor	ida 33602			
	Tampa, Florida 33602 City/State and Zip Code					
		dgc@whhf-	law com			
	E-mail	address: (to be used for fu		otification)		
For fu	rther information cor	cerning this matter, please c	all:			
	Dougla	is Christy	at (813)	225-1918 x 29		
		ontact Person	Area Code & Da	225-1918 x 29 ytime Telephone Number		
Enclo	sed is a \$35.00 check	made payable to the Depart	ment of State.			
	$\frac{\mathbf{M}}{\mathbf{\Delta}_{\mathbf{r}}}$	ailing Address: mendment Section	Street Addre Amendment	ess: Section		
		vision of Corporations		Corporations		
		O. Box 6327	Clifton Buil			
	Ta	Ilahassee, FL 32314	2661 Execu	tive Center Circle		

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	rporation organized	607.1508, or 617.1508, Flori I under the laws of the State I agent, or both, in the State	of Florida	
1. The name of	the corporation: Bedfor	rd J Condomi	nium Association, I	nc.	
•	office address: c/o Ster		ent Services, 1904 Club	phouse Drive	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	12/16/1983	Document number:	N00415	
	I street address of the curr tment of State: (If resigne		t and registered office on file	e with the	
	James R. DeFurio,	Esq.			
	201 E. Kennedy Bl	vd., Suite 1460		\$ 09	
	Tampa, FL 33602			ECRET PI	
6. The name and (if changed):	I street address of the new	registered agent (i	f changed) and /or registered	FILED 1090CT -2 PM 1:51 SECRETARY OF STATI SECRETARY OF FLORE 1001 1	
	Douglas Christy, Es	sq.		FLOG FLOG	
1010 N. Florida Avenue P.O. Box NOT acceptable					
	Tampa, FL 33602				
			dress of the business office		
Such change was authorized by the	as authorized by resolut ne board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or be ed in writing of the change	y an officer so	
Signatu	re of an officer or director	-	Brian L. Printed or typed name		
I hereby accept I further agree of my duties, ar document is bei corporation has	the appointment as regi to comply with the provi ad I am familiar with and ing filed merely to reflec s been notified in writing	stered agent and a sions of all statute I accept the obliga t a change in the re t of this change.	gree to act in this capacity, s relative to the proper and tion of my position as regis egistered office address, I h	complete performance tered agent. Or, if this vereby confirm that the	
	Cunt		912410	9	
Signing on be	chalf of an entity:		Date		
	Douglas Christy yped or Printed Name				

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