N0400003013

(Re	questor's Name)					
(Ad	dress)					
	. •					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(D.						
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
•						

Office Use Only



100104105451

06/11/07--01034--014 **35.00

O7 JUN 11 PM 2: 22
SECRETARY OF STATE VALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Werdian Beach Condomination Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: NO 400 0003012

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/Company)

2181 NW. 139 th Teseace
(Address)

Parabrake Piles AC. 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

at (305, 403-05 T)
(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	ovisions of sections 607.05					
	ge is submitted for a corpor					_
in order t	o change its registered offi	ce or registered	agent, or both, w	1 the State of Fid	rida. A	ſ
1. The name of the	e corporation: <u>Nend</u>	ian Bea	ch Cond	10rupma	n Alle	CIATIO
2. The principal of	fice address: 790 (sest ac	street			
HiA	eah, PL.	<u> 39010</u>				
3. The mailing add	lress (if different):				<u> </u>	
						
4. Date of incorpo	ration/qualification: $\frac{3/2}{}$	13/2004	_ Document num	nber:	<u> 2000 30</u>	1/2
5. The name and s Florida Departm	treet address of the current nent of State:	registered agent	and registered o	ffice on file with	Lifte 07	نسنس
	Sherman,	Thomas (<u> </u>			-\{\)
	218 AlmerT	a Ave.		ن 2	7 2 27	_
	Corn GABI	- 1	33134		PH 2:	D
6. The name and s	treet address of the new reg	<i>i</i> gistered agent (it	f changed) and /o		≅ ≥ ~	
(if changed):		- W		0		
_	Yolande	<u>Ellis</u>				
	2181 NW. 1	39 ter	Ace			
		NOT acceptable)	0 2			
_	teenbroke	Yours.	FL. 33	058		
The street address as changed will b	s of its registered office an	nd the street add	lress of the busin	ness office of its	registered a	gent,
Such change was authorized by the	authorized by resolution of board, or the corporation	duly adopted by has been notifi	its board of dire	ectors or by an o	officer so	
- Calille			Yound	THOMAS	P-ELLX	
I hereby accept th	olanofficer or director) he appoiniment as register	ed agent and a	gree to act in thi	s capacity.		
I further agree to of my/duties, and document is being corporation has l	comply with the provision I am familiar with and ac g filed merely to reflect a been notified in writing of	ns of all statutes cept the obligat change in the re this change.	relative to the parties of my position of my position of my position of the contract of the co	oroper and com on as registered address, I hereb	plete perform l agent. Or, i y confirm tha 1	nance if this nt the
Galace	ature of Registered Agent)		{	(Date) 5/	57	
If signing on beh						
4	 .					
	ped or Printed Name)	.				

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