N04000004699

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FALL ANA SEC ELECTRICATE

JUN 17 TEO

COVER LETTER

Amendment Section

TO:

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fice/Agent and fee are submitted for filing.
ter to the following:

· · · · · · · · · · · · · · · · · · ·
ort notification)
e call:
at (305 \ \776-7094
at (305)776-7094 Area Code & Daytime Telephone Number
urtment of State.
Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

. .

CR2E045 (04/13)

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

	provisions of sections 607,0502, 61 ange is submitted for a corporation				
in orde	er to change its registered office or i	registered agent, or bot	h. in the State of Floria	la.	
1. The name of	the corporation: Florida Garden Con	dominiums Association			
2. The principal Indialantic, FL 3	office address: 101 Atlantic Ave				
3. The mailing a	address (if different): same as above				
	poration/qualification: Apr 28, 2020	Document i	number: N04000004699)	
5. The name and Florida Depa	d street address of the current register rtment of State: (If resigned, enter re	cred agent and registere esigned)	d office on file with the	2	
	entered wrong address				
				2	
				2 2	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and		2820 JUN - 1 P	F.
	Sandra Notley		F C -:	64:1 Hd	•
	101 Atlantic Avenue		RATE RIDA	9 :	
	P. Indialantic, FL 32903	O. Box NOT acceptable			
The street addre	ess of its registered office and the s be identical.	treet address of the bu	siness office of its regi	stered a	gent,
	is authorized by resolution duly added board, or the corporation has been				
/		Tracey Kandell	Vice Preside		
I hereby accept I further agree to of my duties, an document is heid corporation has	the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to uct in t statutes relative to the cobligation of my posi in the registered office inge.	his capacity, e proper and complete tion as registered ager e address, I hereby con	perform it. Or i firm tha	rance if this it the
Sigi	Tallire of Registered Agent	Sandra Notley	05/01/20	<u> </u>	
If signing on bel	half of an entity:				
iry	ped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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