

N04000009999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

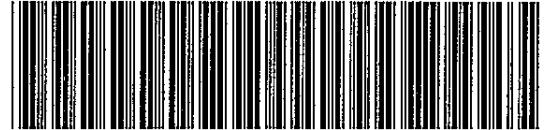
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700047838517

03/11/05--01035--002 **35.00

*RA Change
T. Lewis*

FILED
05 MAR 11 AM 8:33
FALL RIVER, MA
MASSACHUSETTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILES ROAD TWO CONDOMINIUM ASSOC. INC.
(Name of corporation)

DOCUMENT NUMBER: NO4000009999

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:

SCOTT THOMAS
(Name of contact person)

DISTINCTIVE DRYWALL
(Firm/Company)

12132 WILES RD
(Address)

CORAL SPRINGS FL. 33076
(City/state and zip code)

For further information concerning this matter, please call:

SCOTT THOMAS at (954) 214 9957
(Name of contact person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WILES ROAD TWO CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 5903 NW 97th DRIVE

PARKLAND, FL 33076

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/21/2004 Document number: N04000009999

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROBERT M. BAKER

8181 WEST BROWARD BLVD., SUITE 201

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

✓ Scott Thoms

✓ 12132 WILES RD

(P.O. Box NOT acceptable)

✓ CORAL SPRINGS FL 33076

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓ Scott Thoms
(Signature of an officer or director)

Scott Thoms PRESIDENT Per.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

✓ Scott Thoms
(Signature of Registered Agent)

3/3/05
(Date)

If signing on behalf of an entity:

Scott Thoms
(Typed or Printed Name)

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

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

FILED
05 MAR 11 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA