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Taylor & Carls, P.A.

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7 FLORIDA PARK DRIVE NORTH, STE. A PALM COAST, FLORIDA 32137 TELEPHONE: (386) 446-5970 FAX: (386) 446-5938

September 30, 2010

PLEASE RESPOND TO ALTAMONTE SPRINGS

Secretary of State
DIVISION OF CORPORATIONS
Post Office Box 6327
Tallahassee, Florida 32314

Re:

Statement of Change of Registered Office or Registered Agent or Both for Corporation - The Meridian Condominium Association

of Brevard, Inc.

Dear Sir or Madam:

Please find enclosed herewith original Statement of Change of Registered Office or Registered Agent or Both for Corporation for The Meridian Condominium Association of Brevard, Inc., along with our check numbered 53112, made payable to the Florida Department of State, in the amount of \$35.00. This check represents payment for filing the above-referenced Statement with the Department of State. If you would be so kind as to amend your records accordingly, it would be greatly appreciated.

Thank you for your attention to this matter. Please contact me if you have any questions.

Sincerejy,

Katherine M. Spera, FRP Paralegal

to HARRY W. CARLS, ESQ.

/kms

Enclosures

CC:

The Meridian Condominium Association of Brevard, Inc.

Mcb001 itr1

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

statement of change	is submitted for a corp	ooration organize	507.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	ate of Florida	his 	
1. The name of the c	corporation: The Me	eridian Cond	ominium Associat	tion of Brev	ard, In	IC.
2. The principal offic	ce address: 6131 Me	ssina Lane, C	ocoa Beach, FL 329	931		
3. The mailing addre	ess (if different): <u>550</u> 5	5 N. Atlantic A	venue, Suite 207, Co	ocoa Beach,	FL 329	31
4. Date of incorporate	tion/qualification:	03/25/2005	Document number:	N05000	003225	
	eet address of the curre nt of State: (If resigned		nt and registered office on	file with the		
Cu	urtis R. Mosley, Es	sq		\$	21	
12	21 E. New Haven				ZIII OCT -4	
Me	elbourne, FL 3290	01		—— XX		
6. The name and stre (if changed):	eet address of the new	registered agent (if changed) and /or registe	دې ښا	PH 75: 0	T C
Ta	ylor & Carls, P.A.			ORE	0	
15	0 N. Westmonte	Drive				
······································		P.O. Box NOT ac	ceptable			
Alt	tamonte Springs, I	L 32714		·		
-			dress of the business offi			t ,
Such change was at authorized by the be	uthorized by resolution oard, or the corporation	n duly adopted b on has been notif	y its board of directors or ied in writing of the chan	r by an officer: ige.	30	
Signature of a	an officer or director		BRIAN A. RENGA	A PRESI	DEUT	-
I hereby accept the I further agree to co of my duties, and I document is being for corporation has been to be the corporation of the corporation has been to be the corporation of the corporation has been to be the corporation of the corporation has been to be the corporation of the corporation has been to be the corporation of the co	appointment as regist omply with the provist am familiar with and filed merely to reflect on notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	agree to act in this capac is relative to the proper a ution of my position as re registered office address,	ity. ind complete pe gistered agent. I hereby confir	rformanc Or, if the m that th	e is e
Signif	of Registered Agent	ill.	9/2/18			
If signing on benan	of an entity:					
	W. Carls, Esq. or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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