

ND50000 10905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

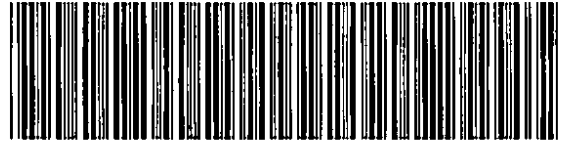
(Business Entity Name)

(Document Number)

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08/12/20--01012--016 \*\*35.00

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# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TUSCANY BY THE SEA CONDOMINIUM ASSOC. INC.  
Name of Corporation

DOCUMENT NUMBER: N05000010905

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:

MICHAEL POMPEO  
Name of Contact Person  
ALLIANCE PROPERTY MANAGEMENT SOLUTIONS, LLC  
Firm/Company  
12800 INDIAN ROCKS RD., STE 1  
Address  
LARGO, FL. 33774  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification) APMS.MICHAEL@GMAIL.COM

For further information concerning this matter, please call:

MICHAEL POMPEO at ( 727 ) 503-7909  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DEPARTMENT OF STATE  
TALLAHASSEE, FL  
JUN 10 2009

**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: TUSCANY BY THE SEA CONDO. ASSOC. INC.
2. The principal office address: 12800 INDIAN ROCKS RD., STE. 1  
LARGO, FL. 33774
3. The mailing address (if different): P.O. BOX 36, LARGO, FL. 33779-0036
4. Date of incorporation/qualification: 10/21/05 Document number: N05000010905
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

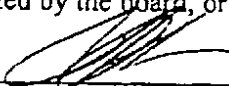
JESSICA CUMMINGS  
12800 INDIAN ROCKS RD., STE. 1  
LARGO, FL. 33774

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

FRISCIA + ROSS P.A.  
5550 W. EXECUTIVE DR. #250  
P.O. Box NOT acceptable  
TAMPA, FL 33609

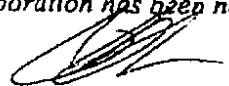
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

FRANCIS E. FRISCIA, PRESIDENT  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

8/4/20  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

FRANCIS E. FRISCIA  
\_\_\_\_\_  
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  
CR2E045 (04/13)