## N05000011146

(Re	equestor's Name)	<del></del>
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800159470728

Change

08/14/09--01026--015 \*\*35.00

2009 AUG IL AM 10: 2

K3/18/09

## **COVER LETTER**

TO: Assendment Section Division of Corporations

SUBJECT: Centre Park Commerce C	Centre Condominium Associa of Corporation				
DOCUMENT NUMBER:	N05000011146				
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this r	matter to the following:				
Varin	T Wells For				
Name o	T. Wells, Esq. of Contact Person				
The Law Offices of Kevin T. Wells, P.A. Firm/Company					
ru	п/Сопрану				
1800 Second Street, Suite 803					
-	Address				
Saracot	a Florida 34236				
City/St:	a, Florida 34236 ate and Zip Code				
E-mail address: (to be used	for future annual report notification)				
For further information concerning this matter, ple	ease call:				
Kevin T. Wells, Esq.	at ( 941 ) 366-9191  Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the D	epartment of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporation					
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
the second secon	Tallahassee, FL 32301				

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

statement of cha	provisions of sections 607.0 ange is submitted for a corp er to change its registered of	oration organized	d under the laws of the Sta	nte of Florida	
1. The name of		Park Comm	erce Centre Cond	lominium Associatio	<u>on.</u>
2. The principal	office address: 1077 NOI	ingate boulev	rard, Suite 4, Saraso	ia, Fiuliua 34234	
3. The mailing a	address (if different): 1877	Northgate Bo	oulevard, Suite 4, Sai	rasota, Florida 34234	
4. Date of incor	poration/qualification:	10/31/2005	Document number:	N05000011146	
	d street address of the currer rtment of State: (If resigned,		t and registered office on	file with the	<b>7</b> 1
	Kevin Wells P.A.				<u>:</u>
	22 S. Links Avenue,	Suite 301		TARY TARY	1
	Sarasota, Florida 342	236		File with the SECRETARY OF STATE AND 29 red office	C
6. The name and (if changed):	d street address of the new r	egistered agent (i	f changed) and /or register	red office ORDIC 29	
	The Law Offices of K	evin T. Wells,	P.A.		
	1800 Second Street,				
	Caracata Florida 240	P.O. Box NOT acc	ceptable		
	Sarasota, Florida 342			<del></del>	
The street addr as changed will	ess of its registered office a be identical.	and the street add	lress of the business offic	ce of its registered agent,	
Such change w authorized by t	as authorized by resolution he board, or the corporation	ı duly adopted by n has been notifi	vits board of directors or ed in writing of the chan	by an officer so ge.	
( her hear	& hanning		MICHAEL ME	WNING	
I hereby accept I further agree	the appointment as regists to comply with the provision of Landau to comply with the provision of Landau to the complex with the provision of Landau to the complex to reflect as been notified in writing of	ons of all statute.	s relative to the proper a	ity. nd complete performance	
100	14009		7/6/0	09	
V	nature of Registered Agent		Date		
If signing on be	ehalf of an entity:				
	evin T. Wells, Esq.  Typed 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 \* \* \*