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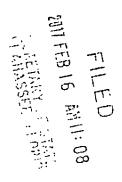
(Requestor's Name)
(Address)
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(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: TUSCANA I CONDOMINIUM ASSOCIATION, INC.
	office address: 1395 Tuscana Lane, Champions Gate, FL 33896
3. The mailing a	nddress (if different):
4. Date of incorp	poration/qualification:
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Katzman Garfinkel, P.A.
	5297 West Copans Raod
	Margate, FL 33063
6. The name and (if changed):	Katzman Garfinkel, P.A. 5297 West Copans Raod Margate, FL 33063 street address of the new registered agent (if changed) and /or registered office Garfinkel Whynot
	Garfinkel Whynot
	300 N Miatland Avenue
	P.O. Box NOT acceptable Maitland, FL 32751
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so no board or the corporation has been notified in writing of the change.
Signatu	re of an officer of tree to the Contract of typed name and title
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my flutes, and I am familiar with and accept the obligation of my position as registered is abrument is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
$-\sqrt{l}$	hardre of Registered Agent Date half of an entity:
Erik-Whyno	
T:	yped 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 (03/12)