## MM21

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(3.1), 3.113.2.1
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Northlate Village 1 Condominium ASSOCIA
DOCUMENT NUMBER: NO 792
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:
Prigeta L. Gordon Name of Contact Person
All About Management, Inc
200 S. Elm Ave
Sanford FL 32771 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelia L. Gordon at (407) (688, 7405)  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  Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

Statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: North Jake Village 1 Condominium Assoc
2. The principal office address: 200 S. Elm Ave
Santord FL 32771
3. The mailing address (if different): PO BOX 15 6
Santoral tr 32/10
4. Date of incorporation/qualification: $9/1/2018$ Document number: $107921$
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)
Rosianod
6. The name and street address of the new registered agent (if changed) and /or registered of its (if changed):  P.O. Box NOT acceptable
Santord FL 32771
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.
JONATHAN ZIER  Signature of an official director 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 peineffiled merely to reflect a change in the registered office address, I dereby confirm that the comporation has been notified in writing of this change.
Signature ac Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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