

N08 0000001298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

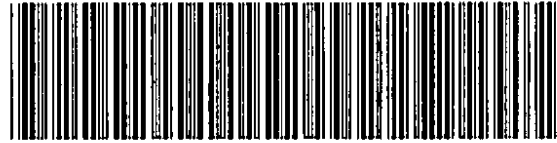
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700356203877

12/11/20--01014--017 **35.00

RALRO/CHZ

JAN 27 102:
I ALBRITTON

65:7 11 11 7:59

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 12663 Metro Condominium Assoc Inc.
Name of Corporation

DOCUMENT NUMBER: N08000001298

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:

James A. Neff
Name of Contact Person

NA
Firm/Company

8 Old Oak Drive North
Address

Palm Coast, FL 32137
City/State and Zip Code

E-mail address: (to be used for future annual report notification) captr@pp@gmail.com

For further information concerning this matter, please call:

James A. Neff at (352) 262-0730
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

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: 12663 Metro Condominium Assoc. Inc.
- 2. The principal office address: 12665 Metro Parkway
Fort Myers, FL 33966
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 2/7/2008 Document number: N08000001298
- 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)

Johnson, Benjamin D _____
 12665 Metro Pkwy. _____
 FORT MYERS, FL 33966 _____

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

James A. Neff _____
8 Old Oak Drive North _____
P.O. Box NOT acceptable
Palm Coast, FL 32137 _____

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] _____
 Signature of an officer or director

James A. Neff _____
 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] _____
 Signature of Registered Agent

12/7/2020 _____
 Date

If signing on behalf of an entity:

 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
 CR21:045 (04/13)