

N18 000 009829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

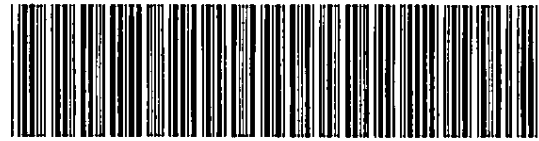
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: One St. Petersburg Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N18000009829

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:

Nicole Kurtz, Esq.
Name of Contact Person

Siegfried Rivera
Firm/Company

201 Alhambra Circle, 11th Floor
Address

Coral Gables, FL 33134
City/State and Zip Code

nkurtz@siegfriedrivera.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Kurtz, Esq. at (305) 442-3334
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

CR2E045 (04/13)

ANNEX

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: One St. Petersburg Condominium Association, Inc.

2. The principal office address: 2870 Scherer Drive North, Suite 100, St. Petersburg, Florida 33716

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/12/18 Document number: N1800009829

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)

Bush Ross Attorneys At Law
1801 North Highland Avenue
Tampa, Florida 33602

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

SKRLD, Inc.
201 Alhambra Circle, 11th Floor
Coral Gables, Florida 33134
P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jim Burns
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

Date

If signing on behalf of an entity:

Lisa A. Lerner
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
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