

739507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

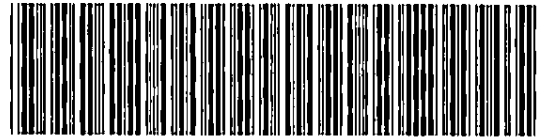
(Business Entity Name)

(Document Number)

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2019 JAN 25 AM 9:14
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COVER LETTER

Amendment Section
Division of Corporations

SUBJECT: Imperial Cove XI Association, INC.

Name of Corporation

DOCUMENT NUMBER: 739507

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:

Bennet L. Rabin

Name of Contact Person

Rabin Parker, PA

Firm/Company

28059 U.S Highway 19 North Suite 301

Address

Clearwater, FL 33761

City/State and Zip Code

Ben@rabinparker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bennett Rabin

Name of Contact Person

at (727- 475-5535)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

BENNET L. RABIN
RABIN PARKER, PA
28059 US HWY 19 NORTH - STE. 301
CLEARWATER, FL 33761

SUBJECT: IMPERIAL COVE CONDOMINIUM XI ASSOCIATION, INC.
Ref. Number: 739507

We have received your document for IMPERIAL COVE CONDOMINIUM XI ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00001414

RECEIVED
2019 JAN 25 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FL

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: Imperial Cove CONDOMINIUM IX ASSOCIATION, INC
2. The principal office address: 19029 US Hwy 19 North
Clubhouse Clearwater, FL 33764
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/20/2005 Document number: 739507

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)

Joseph R. Cianfrone, P.A

1964 Bayshore Blvd

Dunedin, FL 34698

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

Rabin Parker P.A

28059 U.S Highway 19 North, Suite 301

P.O. Box NOT acceptable

Clearwater, FL 33761

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.

Joseph P. Flynn
Signature of an officer or director

JOSEPH P. FLYNN PRESIDENT
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

1/8/09
Date

If signing on behalf of an entity:

Monique Parker
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
CR2E045 (03/12)