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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section **Division of Corporations** 9th Fairway Condominium at Green Dolphin Park, Inc. Name of Corporation 766766 DOCUMENT NUMBER: 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: Kimberly Bennett Name of Contact Person **Toucan Property Management** Firm/Company 1301 Golfview Dr. Address Tarpon Springs, FL 34689 City/State and Zip Code kim@toucanpm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kim Bennett Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of change is	tions of sections 607.0502, 617.0502, 607.1508, or 617.1508 is submitted for a corporation organized under the laws of the lange its registered office or registered agent, or both, in the	ne State of Florida	
1. The name of the co	rporation: 9th Fairway Condominium at Green	n Dolphin Park,	Inc.
2. The principal office	address: 1301 Golfview Dr., Tarpon Springs	s, FL 34689	
3. The mailing addres	s (if different): Same as above.		
4. Date of incorporation	on/qualification: 01-27-1982 Document number	_{r:} 766766	
	t address of the current registered agent and registered office of State: (If resigned, enter resigned)	e on file with the	
Kim	berly Bennett		
181	6 Golfview Dr.		
Tar	pon Springs, FL 34689		
6. The name and stree (if changed):	t address of the new registered agent (if changed) and /or rep	egistered office	
Kim	nberly Bennett	S S	
130	11 Golfview Dr.	TAHE S	<u>i</u>
Tor	P.O. Box NOT acceptable	ASSI ASSI	, 4
	pon Springs, FL 34689		' 1
The street address of as changed will be id	its registered office and the street address of the business centical.	office of its registered	agent.
Such change was authorized by the boa	horized by resolution duly adopted by its board of directors and, or the corporation has been notified in writing of the ch	rs or la an officer so hange.	
May	Mary Withers, P	President	
I hereby accept the a I further agree to con performance of my di agent. Or, if this doc hereby confirm that t	ppointment as registered agent and agree to act in this capupply with the provisions of all statutes relative to the properties, and I am familiar with and accept the obligation of nument is being filed merely to reflect a change in the regis he corporation has been notified in writing of this change.	pacity. er and complete my position as register, stered office address, I	ed
Kimberly 4	Semeth 6-27-19 Bregistered Agent Date	ale	
If signing on behalf o	of an entity:		
Toucan Property	Management Inc.		
typed or	* * * 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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