

716898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

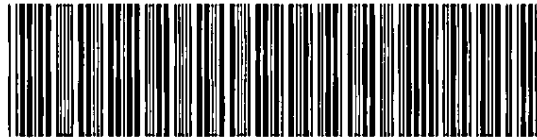
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*Rd Change*

JUL 12 2019

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Essex House Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 716898

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:

CINDY LANG, MANAGER  
Name of Contact Person

ESSEX HOUSE ASSOCIATION, INC.  
Firm/Company

707 SOUTH GULF STREAM AVE.  
Address

SARASOTA, FL 34236  
City/State and Zip Code

manager@essexhouse@sarasota.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

CINDY LANG, MANAGER at (636) 262-2654  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Essex House Association, Inc.
2. The principal office address: 707 S Gulfstream Ave, Sarasota, FL 34236
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/14/1969 Document number: 716898
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)

Becker & Poliakoff, P.A.  
6230 University Parkway, Suite 204  
Sarasota, FL 34240

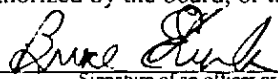
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Becker & Poliakoff, P.A.  
1819 Main Street, Suite 905  
P.O. Box NOT acceptable  
Sarasota, FL 34236

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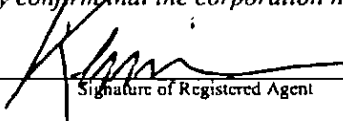
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

BRUCE EBERLIN, 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 of Registered Agent

6/26/19  
Date

If signing on behalf of an entity:

Kevin L. Edwards, Esq.  
Typed or Printed Name

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