## 717638

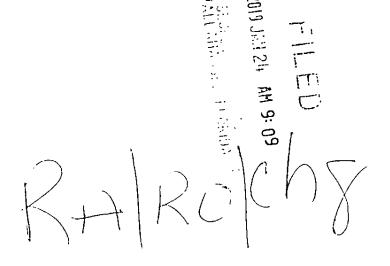
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Certified Copies	_ Certificates	s of Status
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## COVER LETTER

TO: Amendment Section Division of Corporations

Imperial Cove V Association, INC. 717638

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

727- 475-5535
Area Code & Daytime Telephone Number

Name of Contact Person

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



January 17, 2019

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

SUBJECT: IMPERIAL COVE CONDOMINIUM V ASSOCIATION, INC.

Ref. Number: 717638

We have received your document for IMPERIAL COVE CONDOMINIUM V 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.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend 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: 519A00001413

## 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 tatement of change is submitted for a corporation organized under the laws of the State of Florida	
The name of the corporation: Imperial Cove (ONDOMINIUM VASCOTATION, IN	JC
The principal office address: 19029 US Hwy 19 North  Clubhouse Clearwater, FL 33764	
. The mailing address (if different):	
J. Date of incorporation/qualification: 12/01/1969 Document number: 717638	
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)	
CIANFRONE, NIKOLOFF, GLANT, & GREENBERG, EA	
1964 Bayshore Blvd	
Dunedin, FL 34698	
5. 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	<i>}</i>
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.	
Signature of an officer or director  HEMAN C- UN TECTOR  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	
If signing on behalf of an entity:  NON: GUE PARKEK  Reped or Printed Name	

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