Office Use Only



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09/10/13--01019--011 \*\*35.00

R. WHITE

## **COVER LETTER**

Division of Corporations

SUBJECT: Tollerial Cove Condomination II Association, Time.

Name of Corporation

DOCUMENT NUMBER: 717640

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:

Name of Contact Person

Name of Contact Person

Association of Firm Company

Name of Contact Person

City/State and Zip Code

City/State and Zip Code

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

For further information concerning this matter, please call:

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

TO:

Amendment Section

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Traperial Cove Condominium II Association, I
2. The principal office address: 19029 US 19 W (Clubbours)
Coorwater, FL 33764
3. The mailing address (if different):
same as about
4. Date of incorporation/qualification: 12/1/69 Document number: 7/7/640
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)
Vesta Proporty Derivees
814154th Que N
St. Patensburg, FL 33709 ER E
6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):  Bush Ross Registered Agent Services, LLC
1801" Highland Ave P.O. Box NOT acceptable
Tampa, PL 33602
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.
Alfred 5 Gree 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.
Stgnatute of Registered Agent  Data
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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