

726473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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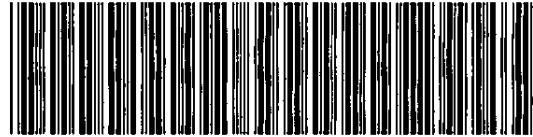
(Business Entity Name)

(Document Number)

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Clayton & McCulloh

ATTORNEYS AT LAW
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RUSSELL E. KLEMM
Attorney & Counselor at Law
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Clayton & McCulloh, P. A.
Servicing 25 Counties
Respond to: Orlando Office

April 4, 2014

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ponce De Leon Towers Association, Inc.

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for PONCE DE LEON TOWERS, INC. Also enclosed is this firm's check no. 42525 in the amount of \$35.00 for the cost of filing such Statement. Once the enclosed Statement has been filed with the Division, please provide confirmation of same.

Should you have any questions or require additional information, please feel free to contact me at any time.

Sincerely,

CLAYTON & McCULLOH

Jenny McKinney
Florida Registered Paralegal
jlm

Enclosure

cc: Ponce De Leon Towers, Inc. (without enclosure)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PONCE DE LEON TOWERS, INC.

Name of Corporation

DOCUMENT NUMBER: 726473

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:

JENNIFER LEETE, FRP

Name of Contact Person

CLAYTON & McCULLOH, P.A.

Firm/Company

1065 MAITLAND CENTER COMMONS BLVD.

Address

MAITLAND, FL 32751

City/State and Zip Code

rklemm@clayton-mcculloh.com

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

For further information concerning this matter, please call:

JENNIFER LEETE

Name of Contact Person

at (407) 875-2655

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: PONCE DE LEON TOWERS, INC.
2. The principal office address: 3501 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169
3. The mailing address (if different): 1740 WEEPING ELM CIRCLE
PORT ORANGE, FL 32128-7542
4. Date of incorporation/qualification: 05/22/1973 Document number: 726473
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)

DARLENE F HAUGE

1740 WEEPING ELM CIRCLE

PORT ORANGE, FL 32128-7542

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

RUSSELL E. KLEMM, ESQ.

1065 MAITLAND CENTER COMMONS BLVD.

P.O. Box NOT acceptable

MAITLAND, FL 32751

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.

Barlene F. Lange
Signature of an officer or director

DARLENE F. HAUGE, AGENT
Printed or typed name and title AND BOB PRESIDENT

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.

Russell E. Klemm, Esq.
Signature of Registered Agent

4/3/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)