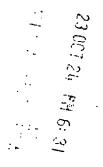
## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Zhuty Partie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J ,
1.07 - 3 2023





10/24/23--01027--016 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: The Moorings of Maximo, A Condo Name of Corporation	ominium Inc.
DOCUMENT NUMBER: 727738FEI	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please return ail correspondence concerning the	
Name of Contact Person	
Rabin Parker Gurley, P.A.	
Firm/Company	
2653 McCormick Dr.	
Address	
Clearwater, FL 33759	
City/State and Zip Code	
moorings1@tampabay.rr.co	om
E-mail address: (to be used for future annu	
•	
For further information concerning this matter	, please call:
Lori Skipper/Moorings Office	727 866-8066
Name of Cuntact Person	at (727 )866-8066  Area Code & Daytime Telephone Number
	that could be buyunk Telephone Number
Enclosed is a \$35.00 check made payable to th	e Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florida
	ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation. The Moorings of Maximo. A Condominum Inc.
2. The principa	d office address: 5901 Sun Blvd. Suite 103 St. Petersburg, Fl 33715
	address (if different):
4. Date of incor	rpotation/qualification: 10/12/1973 Document number: 727738FE!
<ol><li>The name an Florida Depart</li></ol>	ad street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Wetherington Hamilton P A.
	1010 N. Florida Ave.
	Tampa. FL 33602
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Rabin Parker Gulley, P.A.
	2653 McCormick Dr.
	P O Box NOT acceptable
	Clearwater, FL 33759
The street address changed will	ess of its registered office and the street address of the business office of its registered ages the identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
11-	hund Dricks
<u>-</u>	the of an officer or airectar Printed or typed name and title
I hereby accept I further agree to of my duties, an accument is bet corporation has	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performant I am familiar with and accept the obligation of my position as registered agent. Or, if the state of the property to reflect a change in the registered office address, I hereby confirm that the state of the property is the property of this change.
	rature of Registered Agent 1004 23
l l	half of an entity:
Kar	ped or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)