728999

(Requestor's Name)
(Regulates o Hame)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

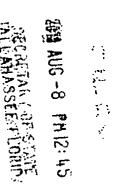
Office Use Only

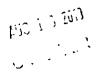
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TRANSMITTAL LETTER

TO: Amendment Section No or C. S. **Division of Corporations** Regency Plaza Condominium Association, Inc. (Name of Corporation) DOCUMENT NUMBER: 728999 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dixie Gilbert-Holt (Name of Person) Regency Plaza Condominium Association, Inc. (Name of Firm/Company) 1415 Ocean Shore Blvd. (Address) Ormond Beach, FL 32176 (City/State and Zip Code) For further information concerning this matter, please call: Dixie Gilbert-Holt Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

(Name of Person)

Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Regency Plaza Condominium Association, Inc.
2. The principa	l office address: 1415 Ocean Shore Blvd. Beach, FL 32176
3. The mailing	address (if different):
4. Date of incor	poration/qualification: Document number: 728999
5. The name an	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Resigned
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office Dixie Gilbert-Holt
	1415 Ocean Shore Blvd. #311
	P.O. Box NOT acceptable Ormond Beach, FI 32176
The street addr	ess of its registered office and the street address of the business office of its registered agent.
Such change w authorized by t	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.
William Signature	Millert Holf ure of an officer or director Dixie Gilbert-Holt Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t 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 f my duties, and I am familiar with and accept the obligation of my position as registered sis document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
While	gnature of Registered Agent 7-19-19 Date
If signing on be	ehalf of an entity:
	Condominium Association, Inc.
Т	vped 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 * * *