(Requestor's Name)	
(Address) (Address)	200386452202
(City/State/Zip/Phone #)	05/06/2201022020 ♦♦35.00
(Business Entity Name) (Document Number)	2022 HAY
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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C. BRUMBLEY JUN 2 8 2022 Joseph E Adams Office Managing Shareholder Board Certified Attorney, Condominium and Planned Development Law Phone: 239,628,4914 Fax: 239,433,5933 jadams@beckerlawyers.com

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Becker

Becker & Poliakoff Six Mile Corporate Park 12140 Carissa Commerce Court, Suite 200 Fort Myers, Florida 33966

Northern Trust Building 4001 Tamiami Trail North, Suite 270 Naples, Florida 34103

May 3, 2022

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Emerald Pointe Condominium Association, Inc. (Document No. 732843)

To Whom It May Concern:

Enclosed please find a *Statement of Change of Registered Office or Registered Agent or Both for Corporations* for the above-referenced Association. Also enclosed, please find check number 16235 in the amount of \$35.00 to cover the cost of filing.

Thank you for your attention to this matter.

Very truly yours,

Joseph & Rilans

Joseph E Adams For the Firm

JEA/sdi

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 $\underline{Floralia}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Encladed Pointe Condonicius Association In	e
2. The principal office address: 25188 Marin Ave	
Purta God FL 33850	

3. The mailing address (if different):____

- 4. Date of incorporation/qualification: 5/23/1975 Document number: 732843
- 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)



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

BECKER & POLIAKOFF, PA

12140 CARISSA COMMERCE COURT, SUITE 200

(P.O. Box: NOT acceptable)

Fort Myers, FL 33966

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.

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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 Agents

05/03/2022

(Date)

If signing on behalf of an entity:

Joseph E. Adams, Esquire

(Typed 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 (8/05)