## M34572

(Requestor	's Name)
(Address)	
(CALLIESS)	
(Address)	
(City/State/	Zip/Phone #)
, ,	,
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Do o	At b. a. d
(Document	number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
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SECRETARY OF STATE

Ways or

## **COVER LETTER**

10:	Division of Corporations
SURF	ECT: Jamaica Royale Tower II Association, Inc.
3010	(Name of Corporation)
DOC	JMENT NUMBER: 734572
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Thomas A. Davis
	(Name of Contact Person)
	Jamaica Royale Management, Inc.
	· (Firm/Company)
	5830 Midnight Pass Road
	(Address)
	Sarasota, FL 34242
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
Thom	as A. Davis, General Manager at (941 ) 349 1800
	as A. Davis, General Manager at ( 941 ) 349 1800  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address:  Amendment Section  Division of Corporations  Street Address:  Amendment Section  Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahaggaa El 20214 2661 Evaquetiva Comton Circle

Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, hange is submitted for a corporation organized under the laws of the State of <u>Florida</u> der to change its registered office or registered agent, or both, in the State of Florida.	•	_
1. The name of	f the corporation: Jamaica Royale Tower II Association, Inc.		
2. The principal	al office address: 5830 Midnight Pass Road, Sarasota, FL 34242		
3. The mailing a	address (if different): SAME		
4. Date of incorp	prporation/qualification: 12/11/1975 Document number: 734572		
	nd street address of the current registered agent and registered office on file with the artment of State:		
	Becker, Poliakoff & Streitfeld, P.A.		
	630 S. Orange Ave.	97.DI	-
	Sarasota, FL 34236	3VL 5	- I.
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	PH IZ	ा    -    -
	Jamaica Royale Management, Inc.	2	, –
	5830 Midnight Pass Road		
	(P.O. Box NOT acceptable)  Sarasota, FL 34242		
	ress of its registered office and the street address of the business office of its registal be identical.		ent,
Such change was authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	SO	
(Signatu	iture of an officer or director) (Printed or typed name and title)		_
I hereby accept I further agree to of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent sing filed merely to reflect a change in the registered office address, I hereby confined notified in writing of this change.	erforma Or, if rm that	nce this the
	12.5.7		
, -	ignature of Registered Agent) (Date)		_
If signing on be	ehalf of an entity:		
Thomas	S A. Davis (Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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