736362

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usinėss Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500236763695

06/28/12--01014--015 **35.00

RA forh



JUL 0 3 2012 T. ROBERTS

COVER LETTER

Division of Corporations
SUBJECT: Guail Hollow Name of Corporation
DOCUMENT NUMBER: 736362
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:
Glenn Mangan Name of Contact Person
FWM Property Mgmt
262 Barbados Dr Address
Jupiter F1 33458 City/State and Zip Code
Smb 195755 a) comeast. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 951-6590 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

TO:

Amendment Section

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: Quail Hollow Condomnium Association
2. The principal office address: 2.62 Barbades pr Au.
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/12/16 Document number: 736362
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)
Dicker Krivock And StoLoff
1818 Austrailan Ave S #400
W.P.B. F1 33409
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Itilley + Wyant - Cartez
860 U.S Highway One #108 P.O. Box NOT acceptable
North Palm Beach, Fl 33418-38256
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.
Signature or an officer or director Michelle R.Buer L Printed or typed name and title
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 Agent Date
If signing on behalf of an entity
Flenn Typed or Printed Name

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