738805

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF THE STATES

COVER LETTER

TO: Amendment Section Division of Corporations	•	
SUBJECT: Town tanvery Aparling (Name of Corpora	tion)	
DOCUMENT NUMBER: 7388 05		
The enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
ROBERT A BAB (Name of Contact P	cock erson)	
HOLIDAY ISLES PROP	GRITY MGMT. Inc	
11350 66th St. M. S (Address)	POLITE 197	
LARGO, FL 33- (City/State and Zip)	773 Code)	
For further information concerning this matter, please call:		
Relunt & Bakes de at ((Name of Contact Person)	 +	
Enclosed is a \$35.00 check made payable to the Department o		
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
P.O. Box 6327	Clifton Building	te Standard
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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 Statutes.
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: FOUNTAINUERY Apts Asset = 100000000000000000000000000000000000
2. The principal office address: 6601 Swser whe
S= Pote Becch, F1 37706
3. The mailing address (if different): 11350 66th ST N. SOITE 134
LAPGO, FL 33773
4. Date of incorporation/qualification: (04/2)/1577 Document number: 738805
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
TZICHARIS GERMAN
251 S. TSIE DR
St. Pulers burg, FL 33706
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HOLIDAY ISLES PROPERTY MAME, INC.
11350 66 of N # 124 85 00 F
(P.O. Box NOT acceptable) LARGO FL 33773
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 of an officer or director) OBERT A RALCOCK (Printed of 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) 4/14/19 (Date)
If signing on behalf of an entity:
Zooeas A Br Beo Cl L (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 * * *