## 739272

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## COVER LETTER

TO: Amendment Section Division of Corporations

PALMS CONDOMINIUM Assoc. INC. SUBJECT: <u>BA</u> Name of Corporation

## DOCUMENT NUMBER: 739272

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:

SHERON NICHOLS Name of Contact Person JIM NOBLES MAUAGEMERST, INC. 251 WINDWARD PASSAGE, SUME F CLEARWATER FL. 33767 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERON NICITOLS Name of Contact Person at (223) 441-1454 Area Code & Daytime Telephone Number

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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 FLORION in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>BAY PALMS</u> Coudon in ium SSOC. INC. 2. The principal office address: 251 WIND WARD PASE LEARWATER FL. 33767 3. The mailing address (if different): \_ 4. Date of incorporation/qualification: <u>06/07/1977</u> Document number: <u>735272</u> 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) DES APRIL SENTRY MANAGEMENT LNC, LONGWOOD, FL. ゴマフマら 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): UIM NOBLES ANASEME P.O. Box NOT acceptable <u>L. 33767</u>

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.

DRMAN nature of an of or director

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

If signing on behalf of an entity:

NICHOLS Shernr

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314