743823

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(Re	questor's Name)			
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(Ad	dress)			
			ı	
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT		MAIL	
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(Bu	siness Entity Nar	me)		
(Do	cument Number)	1		
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Certified Copies	_ Certificate:	s of Stati	ıs	
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Special Instructions to	Filing Officer:	I		
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COVER LETTER

TO:

CR2E045 (04/13)

Amendment Section Division of Corporations

RECEIVED MAY 0 7 2020

SUBJECT: 3 Brittons of Bardmoor, Inc., A Condom	iinium		
Name of Corporation			
DOCUMENT NUMBER: 743823			
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
Donna Miraglia			
Name of Contact Person			
First Choice Association Management, Inc.			
Firm/Company	·		
4174 Woodlands Parkway			
Address			
Palm Harbor, Florida 34685			
City/State and Zip Code			
donna@firstchoicemetro.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, pl	ease call:		
Donna Miraglia	at (727)785-8887 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the D	Department of State.		
Mailing Address: Amendment Section	Street Address:		
Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
, , , ,	Tallahassee, FL 32303		

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statu ration organized under the laws of the State of Flori	da
		ce or registered agent, or both, in the State of Flori	da.
1. The name of	he corporation: 3 Brittons of	Bardmoor, Inc., A Condominium	
		nds Parkway, Palm Harbor, FL 34685	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/04/	Document number: 743823	
5. The name and		registered agent and registered office on file with th	ne
	Joseph Fregapane		•
9797 Bardmoor Blvd, Apt D Largo Fi 33777			2020 N SECT
	RESIGNED		HAY I
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and /or registered office	5 AHII: 42 RY OF STATE SEE, FLORID,
	Margaret Nolan		E SE
	4174 Woodlands Parkway		• 10
	Palm Harbor, FL 34685	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its re-	gistered agent,
Such change wa	as authorized by resolution one board, or the corporation	duly adopted by its board of directors or by an offi has been notified in writing of the change.	cer so
Sel	161	Sarah Pizzino VP	
I hereby accept I further agree of my duties, ar docuffient is bea corporation ha. Sign	to comply with the provision ad I am familiar with and ac- ing filed merely to reflect a c s beau notified in writing of i	ed agent and agree to act in this capacity. so of all statutes relative to the proper and comple. cept the obligation of my position as registered ag change in the registered office address, I hereby co	te performance ent. Or, if this onfirm that the
Т	yped 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 (04/13)