

746288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

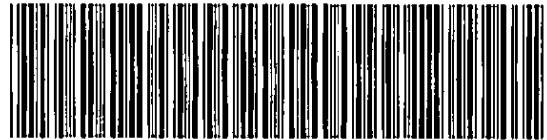
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMPLEX ONE OF INDIAN HARBOUR BEACH INDUSTRIAL PARK, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 746288

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:

David Hoffman

Name of Contact Person

Omega Community Management, Inc.

Firm/Company

7145 Turner Rd., Suite 101

Address

Rockledge, FL 32955

City/State and Zip Code

dhoffman@omegacmi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hoffman

at ( 321 ) 757-7902

Name of Contact Person

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: COMPLEX ONE OF INDIAN HARBOUR BEACH INDUSTRIAL PARK, INC.
2. The principal office address: 7145 Turner Rd., Suite 101, Rockledge, Florida 32955
3. The mailing address (if different): 7145 Turner Rd., Suite 101, Rockledge, Florida 32955
4. Date of incorporation/qualification: 03/16/1979 Document number: 746288
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)

## Income Tax & More

2800 Aurora Rd, Ste C

Melbourne, FL 32935

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): \_\_\_\_\_

Omega Community Management, Inc.

7145 Turner Rd., Suite 101

P.O. Box NOT acceptable

Rockledge, FL 32955

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

Tol-A Bottieri  
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.*

Diana Hoffme  
Signature of Registered Agent

5/29/22  
Date

If signing on behalf of an entity:

Typed or Printed Name \_\_\_\_\_

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

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

CR21:045 (04/13)