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COVER LETTER

TO: Amendment Section Division of Corporations

GARDENS CONDMINIUM ASSOC. SUBJECT: 14 Name of Corporation AZA

d.

DOCUMENT NUMBER: 746986

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:

Paula Mitchell, Managing Agent Name of Contact Person Mitcheel association Management Snoup Firm/Company 909 Cattlemen Rd <u>909</u> Address <u>City/State and Zip Code</u> 34132 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell me of Contact Person at (<u>941)</u> <u>870-236-0</u> 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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

1.	the name of the corporation: Plaza Cardens Condominium Association. Inc.
2.	The principal office address: 909 Cattlemon Rl. Sora Sota FL 34132

4. Date of incorporation/qu	alification: 05/10/1989	Document number	746986
 The name and street adda Florida Department of St 	ress of the current registered age tate: (If resigned, enter resigned)	nt and registered office a	
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•	PROKOP P.A.	,	
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	PROKOP P.A.		

6. I'be name and street address of the new registered agent (if changed) and /or registered office (if changed):

Association Maragement LLC Henren R. P.O. Box, SOT acceptable ラインヨン

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, of the corporation has been notified in writing of the change.

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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 amiliar 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. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

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If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE RO FLORIDA DEPARTMENT OF STATE Mail: TO: Division of Corporations, P.O. Box 6327. Tale abassef, FL 32314 UR2045 (6643)