

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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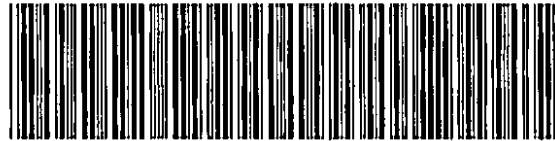
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOXMOOR II CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 747011

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:

MARK AXFORD

Name of Contact Person

COMPASS ROSE MANAGEMENT, INC.

Firm/Company

1227 DEL PRADO BLD. S. #201

Address

CAPE CORAL, FL 33990

City/State and Zip Code

mark@compassrosemanagement.com

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

For further information concerning this matter, please call:

MARK AXFORD

Name of Contact Person

at (239) 309-0622

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

1. The name of the corporation: FOXMOOR II CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 1227 DEL PRADO BLVD. S. #201 CAPE CORAL, FL 33990

3. The mailing address (if different): 1227 DEL PRADO BLVD S. #201 CAPE CORAL FL 33990

4. Date of incorporation/qualification: 05/02/1979 Document number: 747011

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)

MARK AXFORD

GSC, LLC, D/B/A/ GULF SHORE CAM 1357 N.TAMIAMI TRAIL A

NORTH FORT MYERS, FL 33903

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

MARK AXFORD

COMPASS ROSE MANAGEMENT 1227 DEL PRADO BLVD. S. #201

P.O. Box NOT acceptable

CAPE CORAL, FL 33990

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.

Deborah Carballo
Signature of an officer or director

DEBORAH CARBALLO; PRESIDENT
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.

Mark Axford
Signature of Registered Agent

7/27/17
Date

If signing on behalf of an entity:

MARK AXFORD

Typed 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 (03/12)