

747381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

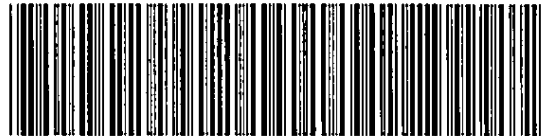
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Nachg*  
R. WHITE  
JUN 11 2018

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18 JUN -8 AM 11:28  
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TALLAHASSEE STATE  
HALL MARK OF FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Commodore Place Condominium, Inc  
Name of Corporation

DOCUMENT NUMBER: 747381

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:

Nancy Nangle  
Name of Contact Person

All Coast Realty Mgmt, LLC  
Firm/Company

900 W. LANCASTER #15  
Address

Orlando, FL 32809  
City/State and Zip Code

Nancy@AllCoastRM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Nangle at ( 407 ) 668-4104  
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  
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: Commodore Place Condominium Inc  
2. The principal office address: 1902 Honour Rd  
Orl, Fl. 32839  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/25/1979 Document number: 747381

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)

All Coast Realty Mgmt, LLC  
75 GATTIN AVE  
Orlando, Fl. 32806


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

All Coast Realty Mgmt, LLC  
900 W. LANCASTER Rd #15  
P.O. Box NOT acceptable  
Orlando, Fl. 32809

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

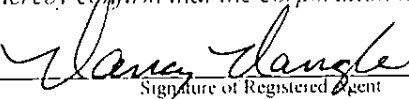
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

\_\_\_\_\_  
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.

  
Signature of Registered Agent

5/9/18  
Date

If signing on behalf of an entity:

Nancy Nangle  
Typed or Printed Name

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