

147787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

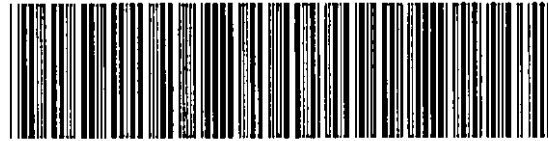
(Document Number)

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

Special Instructions to Filing Officer:

*New Agent must sign*

Office Use Only



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CORPORATIONS  
20 JAN 30 AM 11:26

*RA Changes*

FEB 19 2020

D CUSHING

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PLA MOR TOWNHOUSE ASSOCIATION  
Name of Corporation Inc

DOCUMENT NUMBER: 747787

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:

Brienna Rommes  
Name of Contact Person

PLA MOR Townhouse Assoc Inc  
Firm/Company

6925 Ridgewood Ave  
Address

Cape Canaveral, FL 32920  
City/State and Zip Code

BRIENNA.LYNN.R@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIENNA Rommes at (321)-544-3321  
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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUN 30 AM 11:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2020

BRIENNA ROMMES  
PLA MOR TOWNHOUSE ASSOCIATION, INC.  
6925 RIDGEWOOD AVE  
CAPE CANAVERAL, FL 32920

SUBJECT: PLA MOR TOWNHOUSE ASSOCIATION, INC.  
Ref. Number: 747787

We have received your document for PLA MOR TOWNHOUSE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 220A00000996

CORRECT DOCUMENT  
ENCLOSED  
U

**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: PLA MORE TOWNHOUSE ASSOCIATION INC  
2. The principal office address: 6925 RIDGEWOOD AVE CAPE CANAVERAL FL 32920

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 6/25/79 Document number: 747787

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)

JENNIFER FAITH HARKINS

6927 RIDGEWOOD AVE

CAPE CANAVERAL FL 32920

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

BRIENNA ROMMES

6925 RIDGEWOOD AVE

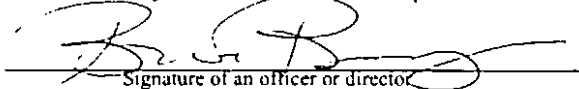
P.O. Box NOT acceptable

CAPE CANAVERAL FL 32920

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 30 AM 11:26

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

BRIENNA Rommes  
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

2/5/2020  
Date

If signing on behalf of an entity:

BRIENNA ROMMES FOR PLAMOR TOWNHOUSE  
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 (04/13)