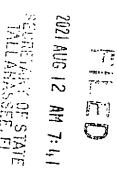
## 

(Requestor's Name)			
(Address)			
(Address)			
(100.000)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
Certified Copies Certificates of Status			
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David G. Muller, Esq. Shareholder Board Certified Specialist, Condominium and Planned Development Law Phone: (239) 552-3200 Fax: (239) 263-1633 Cdmullera beckerlawyers.com



Becker & Poliakoff 4001 Tamiami Trail North, Soite 270 Naples, Florida 34103

1819 Main Street, Suite 905 Sarasota, FL 34236

August 9, 2021

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent for Anglers Cove Condominium Association. Inc.

Document Number 750594

Client/Matter No. A28984-407509

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations, along with a check in the amount of \$35.00 for the filing fee.

Should you have any questions, please feel free to contact me.

Sincerely,

David G. Muller, Esquire

Shareholder For the Firm

DGM/mb

Enclosures (as stated)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized		
in orde	er to change its registered office or registered	l agent, or both, in the State of Flor	ida.
1. The name of	the corporation: Anglers Cove Condominium	Association, Inc.	
	l office address: 999 Anglers Cove, Marco Islan		
3. The mailing a	address (if different): 815 Bald Eagle Drive, #2	201, Marco Island, FL 34145	
	poration/qualification: 1/14/1980	Document number: 750594	
	d street address of the current registered agen urtment of State: (If resigned, enter resigned)	t and registered office on file with t	he
	Falk, Steven M., Esq.		
	7400 Tamiami Trail North, Suite 103		
	Naples, FL 34108		
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and /or registered office	2021 AUG
	Becker & Poliakoff, P.A.	LAF	5
	4001 Tamiami Trail N., Suite 270	80 80 80	N F***
	P.O. Box NO	T acceptable	
	Naples, FL 34103		i O
The street address changed will	ress of its registered office and the street add I be identical.	ress of the business office of its re	gistered agent,
Such change was authorized by the	vas authorized by resolution duly adopted by the board, or the corporation has been notified	its board of directors or by an offed in writing of the change.	icer so
x Duda		ayle Collins, President	
, -	ure of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, ar document is bet corporation ha	t the appointment as registered agent and ag to comply with the provisions of all statutes nd I am familiar with and accept the obligat sing filed merely to reflect a change in the re as been notified in writing of this change.	gree to act in this capacity. Frelative to the proper and completion of my position as registered as gistered office address, I hereby completes.	ete performance gent. Or, if this confirm that the
$\mathcal{I}$		8-9-2021	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
David G. Muller			
Т	Typed or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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