## 750991

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiness Entry Name)                   |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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Harry W. Carls, Esq. Attorney at Law

Phone: (407) 875-0955 Fax: (407) 999-2209

hcarls@bplegal.com

111 N. Orange Avenue Suite 1400 Orlando, Florida 32801

July 24, 2014

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

Atlantic Gardens Owners Association, Inc.

Document #: 750991

Dear Sir or Madam:

Enclosed please find the completed Statement of Change of Registered Office/Agent form along with my client's check numbered 1069 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing. If you would be so kind as to process this request as soon as possible, we would greatly appreciate it.

Thank you in advance for your attention to this matter. Please feel free to contact my office with any questions or concerns.

Very truly yours,

Flavour Co. Caroli

Harry W. Caroli

HWC1/KS Enclosure

Cc: Atlantic Gardens Owners Association, Inc.

ACTIVE: A21367/361027:6008769\_1

## 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: Atlantic Gardens Owners Association, Inc.  |
| 2. The principal office address: 8401 N. Atlantic Avenue   |
| Cape Canaveral, FL 32920   |
| 3. The mailing address (if different): c/o Dependable Property Management, Attn: Mr. Rich Phillips   |
| 1680 Highway A1A, Suite 1, Satellite Beach, FL 32937   |
| 4. Date of incorporation/qualification: 2/11/1980 Document number: 750991  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (It resigned, enter resigned)   |
| Barnes, Robert K   |
| 8401 N. Atlantic Avenue #1-12  |
| Cape Canaveral, FL 32920   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Becker & Poliakoff, P.A.   |
| 111 N. Orange Avenue, Suite 1400   |
| P.O. Box NOT acceptable  |
| Orlando, FL 32801  |
| 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.  |
| Thomas Cisar - Pries, dent  The Signature of an officer or director  The 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 Date   |
| If signing on behalf of an entity:   |
| Harry W. Carls Typed or Printed Name   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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