## 750995

(Requestor's Name)					
(Address)	_				
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(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)	_				
0-17-1 0-11-					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	٦				
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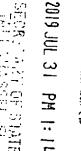


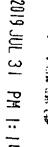


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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
Pelican Place Condominium Association, Inc.						
Name of Corporation						
DOCUMENT NUMBER: 750995						
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:						
The second secon						
Doris Gordon						
Name of Contact Person						
Resource Property Management						
Firm/Company						
28100 US HWY 19 N, Suite 200						
Address						
Clearwarter, FL 33761						
City/State and Zip Code						
dgordon@resourcepropertymgmt.com ✓						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Doris Gordon  Rame of Contact Person  at (727 796-5900  Area Code & Daytime Telephone Number						
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  Street Address: Amendment Section						
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

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

statement of ch	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flori organized under the laws of the State registered agent, or both, in the State	of Florida			
1. The name of	the corporation: Pelican Plac	e Condominium Associatio	n, Inc.			
• •	office address: 7300 Park St e, FL 33777	t			<del></del> -	
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 2/11/19	80 Document number: 750	995			
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on filesigned)	e with the			
	Rick Weller		····			
	1401 8th Ave. West					
	Bradenton, FL 34205			21		
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):					6. J	
	Rabin Parker, PA.		× 35.55 1.55 1.55 1.55 1.55 1.55 1.55 1.55	2019 JUL 31	Estata Estata	
	28059 US HWY 19 N., S	Suite 301		P		
	Clearwater, FL 33761	ox NOT acceptable	FL —	<u>+</u>		
The street address changed will	ess of its registered office and the ebe identical.	street address of the business office of	of its registe	ered ag	gent,	
Such change wa authorized by the	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by en notified in writing of the change.	an officer:	so		
- Care dia	Mey u-	Joy Meyer	Parile		<del></del>	
I further agree performance of agent. Or, if th	to comply with the provisions of al	ent and agree to act in this capacity. Il statutes relative to the proper and c and accept the obligation of my posi- to reflect a change in the registered o	complete	isterea ess, I	,	
Sig	nature of Registered Agent	7/24/19 Date			<del></del>	
If signing on be	half of an entity:					
Monique	e Parker					

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