## 752384

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	THE TOTAL STATE OF THE PARTY OF
SUBJ		- P. S. C
	Name of Corporation	300
DOCU	UMENT NUMBER: 752384	
	iclosed Statement of Change of Registered Office/Agent and fee are submitted	for filing.

Please return all correspondence concerning this matter to the following:

Deborah Thomas	
Name of Contact Person	
Wilkinson Woods Conelo Assoc.	
3560 Wilkinson Woods Dr. Address	
Sara-sota FL 34231 City/State and Zip Code	
wwsecretary srg@gmail. co	m
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Debovah Thomas at (C18) 322 - 9358

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: Wilkinson Woods Condominium Association, Inc.	
2450 Millian on Manda De Consola El 24224	_
2. The principal office address: 3450 VVIIKINSON VVOOGS Dr, Sarasota, FL 34231	_
3. The mailing address (if different): 3560 Wilkinson Woods Dr, Sarasota, FL 34231	_
4. Date of incorporation/qualification: 05/07/1980 Document number: 752384	
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)	
Becker & Poliakoff, PA	
6230 University Parkway, Suite 204	
Sarasota, FL 34240	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	; ,~
Becker & Poliakoff, P.A.	· ·
No. Box NOT acceptable Sarasota, FL 34236	
P.O. Box NOT acceptable	
Sarasota, FL 34236	
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   New 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 dulies, 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:	
Kevin L. Edwards, Esq.  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 (03/12)