## 755097

(Requestor's Name)				
(Address)				
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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
TUDOR CAN CONDOMINUTA ACCOCIATION INC
SUBJECT: TUDOR CAY CONDOMINIUM ASSOCIATION, INC. Name of Corporation
Tvalle of Corporation
DOCUMENT NUMBER: 755087
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:
VALENTINA WHEELER, ESQ.
Name of Contact Person
WHEELER LAW FIRM, PLLC
Firm/Company
801 W. BAY DRIVE, SUITE 428B
Address
LARGO, FL 33770
City/State and Zip Code
vwheeler@vwheelerlawfirm.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VALENTINA WHEELER at (727 ) 300-9667
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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOFOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of FLOI registered agent, or both, in the State of Florid	RIDA	
1. The name of	the corporation: TUDOR CAY CON	NDOMINIUM ASSOCIATION, INC.		
	_	h, Suite 104, St, Petersburg, FL 33702		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/12/1980	Document number: 755087		
5. The name and		tered agent and registered office on file with th	ıe	
	ASSOCIA GULF COAST C/O AS	SOCIA GULF COAST		
	9887 4TH STREET NORTH SUIT	E 104		
	ST. PETERSBURG, FL 33702			
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	, TV.	2022 AUG 24
	VALENTINA WHEELER, ESQ.		• •	- 8 - 8
	801 W. BAY DRIVE, SUITE 428B	P.O. Box NOT acceptable		t 411
		P.O. Box NOT acceptable		
	LARGO, FL 33770			<u>ن</u> ن
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its reg	gistered	agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officeen notified in writing of the change.	cer so	
Mar	ry Jane Porter	Mary Jane Porter		
	y Jans Porter	Printed or typed name and title		
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ing filed merely to reflect a chang s been notified-in-writing of this co	ent and agree to act in this capacity. All statutes relative to the proper and complet he obligation of my position as registered ag e in the registered office address, I hereby co hange.	te perfoi ent. Or onfirm ti	rmance if this hat the
		08/22/202	22	
Z_31g	nature of Registered Agent	Date		
If signing on be	half of an entity:			
VALENTINA W	/HEELER			
T	yped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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