

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000317859000

09/07/18: -01012: -013 **35.00

FILED

18 SEP -7 M 9: 12

SEP 12 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: 757692

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:

Nicolette A. Kramer

Name of Contact Person

Nicolette A. Kramer, Attorney at Law

Firm/Company

PO Box 533704

Address

Orlando, FL 32853

City/State and Zip Code

NicoletteKramerLaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (407 716-7710

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: Royal Arms Condominium Association, Inc.	
2. The principal office address:	
500 Orange Drive, Altamonte Springs, Florida 32701	
3. The mailing address (if different): PO Box 162147 Altamonte Springs, Florida 32716-2147	
4. Date of incorporation/qualification: 4/23/1981 Document number: 757692	
 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) 	
RESIGNED - Fratantuono, Cynthia A	
500 Orange Drive	
Altamonte Springs, Florida 32701	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	-17
Nicolette A. Kramer, Esq.	
390 Orange Avenue, Suite 2300 ≟ ≛	
P.O. Box NOT acceptable	
Orlando, Florida 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.	
Signature of alfornier or director Addition Hand was press one I.	
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 confirmation the corporation has been notified in writing of this change.	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Nicolette A. Kramer	
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)