758404

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

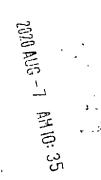




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A/A-NX



2020/117-7 411 8: 13

July 21, 2020

ANGELIA L. GORDON ALL ABOUT MANAGEMENT, INC. 2500 W. LAKE MARY BLVD., STE. 208 LAKE MARY, FL 32746

SUBJECT: DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 758404

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 520A00013663

www.sunbiz.org



June 1, 2020

ANGELIA L. GORDON ALL ABOUT MANAGEMENT, INC. 2500 W. LAKE MARY BLVD., STE. 208 LAKE MARY, FL 32746

SUBJECT: DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 758404

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00010776

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Amendment Section Division of Corporations		2020.47, 10 PH 2: 0E
SUBJI Name	DESTINY SPRINGS CONDOMINICECT: of Corporation	JM ASSOCIATION, INC.	
DOCU	JMENT NUMBER:		
The en	nclosed Statement of Change of Registere	d Office/Agent and fee are	submitted for filing.
Please	return all correspondence concerning this	s matter to the following:	
Angel	lia L. Gordon		
	of Contact Person About Management, Inc.		
	Company W. Lake Mary Blvd., Ste.208		
Addres Lake	ss Mary, FL 32746		
City/St	tate and Zip Code Angelia@allaboutmgm	t.com	
E-mai	l address: (to be used for future annua	l report notification)	
For fur	rther information concerning this matter,	please call:	
Angel	lia L. Gordon	407	688-7405
	Name of Contact Person	Area Code &	Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	n
	Division of Corporations Division of Corporations		rations
	P.O. Box 6327	The Centre of Tall	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81		treet, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC. the corporation: 2500 w. Lake Mary Blvd Suite 208 Lake Mary, FL 32746 office address:
3. The mailing a	address (if different): 05/20/1981 poration/qualification: Document number:
4. Date of incor	poration/qualification: Document number: 736404
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) ALL ABOUT MANAGEMENT, INC
	2500 W. Lake Mary Blvd Suite 208 Lake Mary, FL 32746
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Larsen & Associates, P.L.
	Larsen & Associates, P.L. 5323 Millenia Lakes Boulevard - Suite 300 P.O. Box NOT acceptable
	P.O. Box NOT acceptable Orlando, FL 32839
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change was authorized by the Docusioned by:	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
LAB-O	LOUIS Plank, President
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Tom	814 2020
	mature of Registered Agent Date
If signing on be	chalf of an entity:
Thomas R. S	laten, 3r.
Т	yped 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 (04/13)