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

Office Use Only



500145879485

03/16/09--01039--015 **35.00

. COVER LETTER

TO:	Amendment Section Division of Corporations	Mark Teach Control			
SUBJE	CCT: Promenades East Condominium (Name of Corp	m Association, Inc.			
DOCU	MENT NUMBER: 758973				
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:					
Terry L Owens (Name of Contact Person)					
	Promenades East Condo (Firm/Com	minium Association, Inc.			
21405 Olean Blvd. (Address)					
, ·'	(Addres				
Port Charlotte, Florida 33952 (City/State and Zip Code)					
For fur	ther information concerning this matter, please cal	1:			
	Terry L Owens (Name of Contact Person)	at (<u>941</u>) 627-6880 (Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35.00 check made payable to the Departme	ent 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 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.	<u>a</u>	
1. The name of the corporation: Promenades East Condominium Association	on, Inc.	•••
2. The principal office address: 21405 Olean Blvd. Port Charlotte, Florida 33952		
3. The mailing address (if different): -Same-		
4. Date of incorporation/qualification: <u>June 25, 1981</u> Document number: <u>758973</u>		
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)		
Margaret Collins		
21405 Olean Blvd.	201	
Port Charlotte, Florida 33952	2009 MAR 6	
Port Charlotte, Florida 33952 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Terry L Owens		m
	PHIZ: 3"	U
21405 Olean Blvd. (P.O. Box NOT acceptable)	37 E	
Port Charlotte, Florida 33952		
The street address of its registered office and the street address of the business office of its registas changed will be identical.	itered agent	<u>.</u>
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.		_
SAZVATORE DIANA (Signature of an officer or director) SAZVATORE DIANA (Printed or typed name and title)	Vice f	N E S.
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 of my duties, and I am familiar with and accept the obligation of my position as registered agend accument is being filed merely to reflect a change in the registered office address, I hereby concorporation has been notified in writing of this change.	performand it. Or, if th firm that th	ce is e
Signature of Registered Agent) 3/13/09 (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		

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