764094

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
	,		
(0)	101 1 177 1991		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Bu	siness Entity Na	me)	
(Do	cument Number)) .	
Certified Copies	Certificate	s of Status	
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Special Instructions to	Filing Officer:		
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SION OF CORPORATIONS

COVER LETTER

Division of Corporations				
SUBJECT: Cambridge Circle Townhome Owners' Association, Ing				
DOCUMENT NUMBER:	764094			
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filin	ıg.		
Please return all correspondence concerning this matter to the following:				
Sean	Sean Foley Name of Contact Person			
Name of Con	ntact Person			
Florida Community Property Management, LLC.				
Firm/Co				
8141 54t	th Ave N. Iress			
Add	ress	e.7		
		•		
St. Petersbur	rg, FL 33709 nd Zip Code			
City/State at	ild Zip Code			
accounting(@fcpm.biz			
E-mail address: (to be used for f	uture annual report notification)			
For further information concerning this matter, please call:				
Sean Foley	866 \ 253-3	308		
Name of Contact Person	at (866) 253-3 Area Code & Daytime Telepho	one Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
Enclosed is a \$55.00 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 C Tallahassee, FL 32301			

TO:

Amendment Section

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stage is submitted for a corporation organized under the laws of the State of \overline{Fl} to change its registered office or registered agent, or both, in the State of Flo	orida
1. The name of th	ne corporation: Cambridge Circle Townhome Owners' Assorbice address: FCPM, 8141 54th Ave N, St. Petersburg, FL 33709	ociation, Inc.
3. The mailing ad	ldress (if different):	
4. Date of incorpo	oration/qualification: 7-6-82 Document number:	764094
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the -
	Property First Inc	2 <u>1</u> 25
	221 Walton Heath Drive	09 NO
	Orlando, FL 32828	3
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	OF STATIONS OR POR ALII: 53
	FCPM, LLC	53 OH5
	8141 54th Ave N.	
	P.O. Box NOT acceptable	
	St. Petersburg, FL 33709	
The street addres	ss of its registered office and the street address of the business office of its be identical.	registered agent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an of e board, or the corporation has been notified in writing of the change.	fficer so
4	Yacoub Alsaka	
Thereby accept if further agree to of my duties, and document is heir	the appointment as registered agent and agree to act in this capacity. In the appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and complete in the familiar with and accept the obligation of my position as registered age filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	
<i>A</i>	11/18	
Sign	ature of Registered Agent Date	
If signing on beh	nalf of an entity:	
<u> </u>	1. Focif	

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