768096

· (Red	questor's Name)	<u> </u>
(Add	dress)	
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(City	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
. (Doc	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Amendment Section TO: Division of Corporations Palm Grove Condominium Assoc. SUBJECT: Name of Corporation 768096 DOCUMENT NUMBER:__ 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: Susan M. Kase Name of Contact Person American Condominium Management Firm/Company 615 Cape Coral Pkwy. W. #103 Address Cape Coral, FL 33914 City/State and Zip Code smkmgmt@embarqmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan M. Kase at (239) 542-4404
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Palm Grove Gardens II. Condoninium Association, Inc.
2. The principal	office address: c/o Rossman Property Management
1104 SE 4	6th Lane #2, Cape Coral, FL 33904
3. The mailing a	ddress (if different): (same)
4. Date of incorp	poration/qualification: 4/21/1983 Document number: 768096
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Michelle Rossman
	c/o Rossman Property Management
	1104 SE 46th Lane #2, Cape Coral, FL 33904
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office S
	Susan M. Kase
	c/o American Condominium Management
	P.O. Box NOT acceptable
	615 Cape Coral Pkwy. W. #103, Cape Coral, FL 33914
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so are board, or the corporation has been notified in writing of the change.
Michel	Michelle Rossman, CAM Printed or typed name and title
I further agree i of my duties, an document is bei	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 of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Que	10/1/2009 Parture of Registered Agent Date
If signing on be	half of an entity:
	Susan M. Kase yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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