

769329

(Requestor's Name)

(Address)

(Address)

(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



700266170797

700266170797
11/12/14--01016--008 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 12 PM 12:17

NOV 26 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEMORAN PINES II CONDOMINIUM ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: 769329

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:

Audrey Keene
Name of Contact Person
SEMORAN PINES II CONDOMINIUM ASSOCIATION INC
c/o Audrey Keene
Firm/Company

5762 ST CHRISTOPHER DR.
Address
ORLANDO FLORIDA 32822
City/State and Zip Code

AAKEENE10@GMAIL.COM OR ALWALLS.PRDS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Keene at (407) 730-7500
Name of Contact Person 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: SEAGRAM PINES II CONDOMINIUM ASSOCIATION INC.
2. The principal office address: 5762 ST. CHRISTOPHER DR.
ORLANDO FLORIDA 32822
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: _____ Document number: 769329

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) (SERVICE TERMINATED)

AUDELYZ ITHIER

AA PROPERTY ENTERPRISE PLUS LLC

5138 ST. CHARLES LANE

ORLANDO FLORIDA 32822

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

AUDREY KEENE

5762 ST CHRISTOPHER DRIVE

P.O. Box NOT acceptable

ORLANDO - FL. 32822

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 12 PM 12:17

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]

Signature of an officer or director

AIFONSO PAREDES

Printed or typed name and title

President

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 confirm that the corporation has been notified in writing of this change.

No Agent To be handled by owners

Signature of Registered Agent

11-6-14

Date

If signing on behalf of an entity:

[Signature]

Typed or Printed Name

AIFONSO PAREDES (President)

*** 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)