77091

(Req	uestor's Name)	
(Add	ress)	
(Add)	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800336639908

11/14/19--01008--020 **35.00

2019 E-14 PH 5:55

R. WHITE. DEC 11 2019

COVER LETTER

TO: Amendment Division of	Section Corporations	
SUBJECT: Uri	nberry Woods Cone Name of Corp	lominium Association, Inc
DOCUMENT NUM	iber: 770191	
	ent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all corr	espondence concerning this matter to	the following:
_	Dan Dell'Ar Name of Contac	t Person
_	DellCor Manag	ement, Inc.
	310 Pear Address	-1 Avenue
_	Sarasor City/State and Z	ta FL 34243
E	-mail address: (to be used for futur	Pole Ilcor. Com re annual report notification)
For further informati	on concerning this matter, please call:	:
Name	e (l'Arm) a of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Departmen	nt 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: Turn berry Woods Condominium Association, I	Inc
2. The principal office address: 310 Pear 1 Avenue	
Sarasuta FL 34243	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 9-13-1983 Document number: 770191	
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)	
James W. Hart, Jr. Sentry Managements Ir	1C.
James W. Hart, Jr. Sentry Managements Ir 2180 W SR 434 Ste. 5000	4-9
Longwood, FL 32779	•
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Don Dell'Armi, DellCor Management, I	The
310 Pearl Avenue	
Sarasuta, FL 34243	
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.	
Michael S. Walker Michael S. Walker Printed or typed name and title	
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.	
Mulling 11/11/19	
Signature of Registered Agent Date If signing on behalf of an entity:	
DANIEL DELL'ARMI	
Typed 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 * * *