

F03000004860

(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:		





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COVER LETTER

Amendment Section Division of Corporations

TO:

	0 1 0 "			
SUBJECT:	Condor Corporation Name of C	of Sarasota, Inc.		
DOCUMENT NUM	ивек: F03	000004860		
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:				
_	Lauren P.	Kohi, Esq.		
	Name of Co	entact Person		
	-			
Gibson, Kohl, Wolff & Hric, P.L. Firm/Company				
	· •	,		
414 S. Tamiami Trail				
-		ress		
Osprey, FL 34229 City/State and Zip Code				
City/State and Zip Code				
lauren@sarasotaclosings.com				
I	E-mail address: (to be used for t	future annual report notification)		
For further information concerning this matter, please call:				
	_auren P. Kohl	at (941) 966-3575 Area Code & Daytime Telephone Number		
Nam	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address:	Street Address:		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Condor Corporation of Sarasota, Inc.
2. The principal	office address: 2320 Lexington Avenue South
Mendota I	Heights, MN 55120
•	address (if different): 2320 Lexington Avenue South Heights, MN 55120
4. Date of incorp	poration/qualification: 09/30/2003 Document number: F03000004860
	d street address of the current registered agent and registered office on file with the remainder of State: (If resigned, enter resigned)
	Resigned Set 1
	F.S. 99
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Lauren P. Kohl
	414 S. Tamiami Trail
	P.O. Box NOT acceptable
	Osprey, FL 34229
The street addre	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 be board, or the corporation has been notified in writing of the change.
	James Riley, Jr.
$\boldsymbol{\nu}$	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 d 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.
Sign	4-4-2012
	nature of Registered Agent Date
it signing on bel	half of an entity:
Ту	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *

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