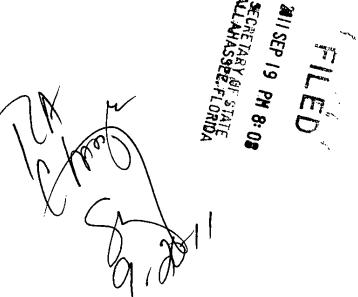
(Requestor's Name)			
(Address)	5002122649		
(Address)	0002122010		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	09/19/1101039004		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	:		
Special Instructions to Filing Officer:	ACATE TARY OF		
	Los de la companya de		

Office Use Only



85

\*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: Magdalina Estates South Condominium Assoc., Inc.  Name of Corporation					
DOCUMENT NUMBER: N0800003799					
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:					
Tim Loehr					
Name of Contact Person					
Omni Management Services, Inc.					
Firm/Company					
8695 College Parkway Suite 1274 Address					
Address Address Address					
Ft. Myers, Florida 33919					
City/State and Zip Code					
4					
tbontrager@omni-property.com  E-mail address: (to be used for future annual report notification)					
E man address. (to be used for return annual report notification)					
For further information concerning this matter, please call:					
Tom Bontrager at ( 239 ) 985-4249					
Tom Bontrager at (239) 985-4249  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 Clifton Building					
Tallahassee, FL 32314					

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

statement of che	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	ate of Florida	<u></u>
1. The name of	the corporation: Magd	alina Estates	South Condominion	um Assoc., Inc	
2. The principal	office address: 8695 C	ollege Parkway	/ Suite 1274		
<u>F</u> t. Myers,	Florida 33919				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	April 2008	Document number:	N08000003799	3
	d street address of the cur rtment of State: (If resign		nt and registered office on t	file with the	
	Michael R. McKinle	ey ESQ			
	223 Taylor Street	·			
	Punta Gorda, Florid	da 33950			
6. The name and (if changed):	d street address of the nev	v registered agent (	if changed) and /or register	red office SECRETA	***
	Omni Management	Services, Inc.		ARY SEE	
	8695 College Park	way Suite 1274			m
		P.O. Box NOT ac	ceptable	07.A	O
	Ft. Myers, Florida 3	33919			
The street addre as changed will	ess of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agen	ıt,
Such change wa authorized by th	as authorized by resolutine board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.	
Signatur	re of an officer or director		Printed or typed nam	e and title	
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflect been nofified in writing	stered agent and a sions of all statute: l accept the obliga t a change in the re of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, T	y. d complete performan istered agent. Or, if th hereby confirm that th	ce iis ie
Sign	nature of Registered Agent	<del></del>	September '	13, 2011	
f signing on bel	half of an entity:				
	Tim Loehr				
Ty	ped or Printed Name	<del></del>			

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