M45305

(R	dequestor's Name)	
(A	ddress)	
	ddress)	
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(C	ity/State/Zip/Phone	= #)
_		
PICK-UP	TIAW	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Codified Coning	On Alfanola a	
Certified Copies	Centificates	of Status
Special Instructions to	Filing Officer:	
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SECREDARY OF STATE

Ja 09/23/20

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Armada Properties, Inc.	
Name	of Corporation	
DOC	UMENT NUMBER: M45305	·
The en	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
	t Kerwin, Jr	
	of Contact Person	
•	rizers LLC	 _
	Company	
	Crestone Ave	· · · · · ·
Addre		
	ado Springs, CO 80905	
City/S	State and Zip Code	
	kerwincolorado@yahoo.com	
E-ma	il address: (to be used for future annua	l report notification)
For fu	orther information concerning this matter, p	please call:
Rober	t Kerwin, Jr	at (719) 985-9424
	Name of Contact Person	at (719) 985-9424 Area Code & Daytime Telephone Number
Enclo	sed 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
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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 er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Armada Properties. Inc. office address: 1950 S. Ocean Blvd., Pompano Beach, FL 33062
z. The principal	office address:
	nddress (if different):
4. Date of incorp	poration/qualification: January 23, 1987 Document number: M45305
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Stephens, Pamela Duru
	354 SW 7th Ave
	Boca Raton, FL 33486
6. The name and (if changed);	Boca Raton, FL 33486 STORY S
	Kerwin, Daniel Thomas
	1028 N. Rivera Road
	P.O Box NOT acceptable Avon Park, FL 33825
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 be board, or the corporation has been notified in writing of the change.
12.1/	Robert W. Kerwin, Jr.; VP
o t	e offen officer or director Printed or typed name and life
t hereby accept- further agree to of my duties, and document is bein corporation has	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 a 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.
^	nature of Registered Agent Date
f signing on bel	half of an entity:
Daniel T. Kerwin	1
Ty	ped 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

CR2E045 (04/13)