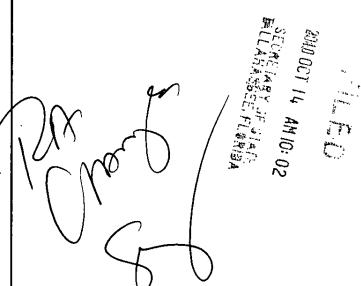
## WULL

(Requestor's Name)	
(Address)	600186649246
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/14/1001004001 **23
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	

Office Use Only

10141



\*\*2310.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Topaz Cove Condominic	um Association, Inc.		
NOO			
DOCUMENT NUMBER: NUU	000002466		
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Michael			
Name of Cor	ntact Person		
Benson's, Inc. Firm/Company			
rim/Co	mpany		
10650 M/h:h	obell Drive		
12650 Whit			
Fort Myers	FL 33907		
Fort Myers, City/State an	d Zip Code		
densir a Ob and			
dracine@bens E-mail address: (to be used for for	uture annual report notification)		
	,, ,,,,,,		
For further information concerning this matter, please c	all:		
Dianne Racine	at ( 239 ) 277-0718		
Name of Contact Person	at ( 239 ) 277-0718  Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Departs	ment of State.		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

TO:

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

statement of ch	provisions of sections 607.0302, 617.0302, 60 ange is submitted for a corporation organized er to change its registered office or registered	under the laws of the Sta	te of Florida
1. The name of	the corporation: Topaz Cove Condo	minium Associatio	on, Inc.
•	office address: C/O Benson's, Inc., 126	50 Whitehall Drive	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 4/13/2000	Document number:	N00000002466
	d street address of the current registered agent rtment of State: (If resigned, enter resigned)	and registered office on f	ile with the
	Bonita D. Vandall		
	12650 Whitehall Drive		
	Fort Myers, FL 33907		
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or register	ed office CT
	Benson's, Inc.	<u>.</u>	f T') rangery
	12650 Whitehall Drive P.O. Box NOT acce		AM 10: 02
	Fort Myers, FL 33907	риаоте	#¥ 
The street address changed will	ess of its registered office and the street addr be identical.	ess of the business office	e of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by he board, or the corporation has been notified	its board of directors or din writing of the chang	by an officer so e.
₹ Janes	re fruit of perfor director	JAMES 6. L	AN LEX, SECRETARY
//	the appointment as registered agent and age to comply with the provisions of all statutes and I am familiar with and accept the obligation ing filed merely to reflect a change in the reg s been notified in writing of this change.	**	
11/2	ila fettor	8-9-10	
ŭ	nature of Registered Agent	Date	
f signing on be	chalf of an entity:		
	Michael Yelton		
4	, pre c		

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