

2011-04-14 09:54

Business Law Group

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Florida Department of State
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Phone : (813) 379-3804
Fax Number : (813) 221-7909

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mvalenti@blawgroup.com

REGISTERED AGENT CHANGE
PINE RUSH VILLAS CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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BAPO
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**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: Pine Rush Villas Condominium Association, Inc.
2. The principal office address: The Continental Group, Inc. 2870 Scherer Dr. N., Ste. 100
St. Petersburg, Florida 33716
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/18/1983 Document number: N00120

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)

Lang & Brown, PA
5001 Fourth Street North, Suite A
St. Petersburg, FL 33734 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Business Law Group, P.A.
301 West Platt Street, Suite 375
P.O. Box NOT acceptable
Tampa, FL 33606

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.

Patricia Akil Cohen
Signature of an officer or director

Patricia Akil Cohen President
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.

Signature of Registered Agent

4-8-2011
Date

If signing on behalf of an entity:

Patricia Akil Cohen
Typed 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
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