## N00496

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: ANDOVER G CONDO ASSOC. INC  Name of Corporation				
DOCUM	ENT NUMBER: N0042	26		
	sed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
	urn all correspondence concerning this matter to the f	•		
	Douglas Christ Name of Contact Per	y		
Name of Contact Ferson				
Wetherington, Hamilton, Harrison & Fair, PA Firm/Company				
1010 N. Florida Avenue Address				
Audices				
Tampa, Florida 33602 City/State and Zip Code				
dgc@whhf-law.com				
E-mail address: (to be used for future annual report notification)				
For furthe	r information concerning this matter, please call:			
	Douglas Christy at (	813 225-1918 x 29 rea Code & Daytime Telephone Number		
	Name of Contact Person A	rea Code & Daytime Telephone Number		
Enclosed i	is a \$35.00 check made payable to the Department of	State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## 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, Statement of change is submitted for a corporation organized under the laws of the Statement in order to change its registered office or registered agent, or both, in the Statement	te of Florida
1. The name of the corporation: Andover G Condominium Association	ı, Inc.
<ol> <li>The principal office address: c/o Sterling Management Services, 1904 Cl</li> <li>Sun City Center, FL 33573</li> </ol>	ubhouse Drive
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/16/1983 Document number:	N00426
<ol><li>The name and street address of the current registered agent and registered office on f Florida Department of State: (If resigned, enter resigned)</li></ol>	ile with the
James R. DeFurio, Esq.	
201 E. Kennedy Blvd., Suite 1460	
Tampa, FL 33602	09 0C
6. The name and street address of the new registered agent (if changed) and /or register (if changed):	FILED  90CT -2 PM 2: 06  SECRETARY OF STATE SECRETARY OF FLORID  1ALLAHASSEE, FLORID  1 de     de
Douglas Christy, Esq.	— FO 2
1010 N. Florida Avenue P.O. Box NOT acceptable	
Tampa, FL 33602	<b>**</b>
The street address of its registered office and the street address of the business offic as changed will be identical.	e of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change	by an officer so ge.
Signature of an officer or director Printed or typed nam	
I hereby accept the appointment as registered agent and agree to act in this capacit I further agree to comply with the provisions of all statutes relative to the proper an of my duties, and I am familiar with and accept the obligation of my position as reg document is being filed merely to reflect a change in the registered office address, I corporation has been notified in writing of this change.	ly, ad complete performance istered agent. Or, if this hereby confirm that the
N Churt 91241	09
If signing on behalf of an entity:	
Douglas Christy Typed or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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