## N00429

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP' WAIT MAIL		
(Business Entity Name)	area to the second	
(Document Number)	,	:
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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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## **COVER LETTER**

TO: Amendment Division of	Section Corporations		
SUBJECT:	BEDFORD B CONDOM Name of C	INIUM ASSOC. INC	<u>,                                      </u>
DOCUMENT NUM	IBER:	N00429	
The enclosed Statem	ent of Change of Registered Office	ce/Agent and fee are submitt	ed for filing.
Please return all corr	espondence concerning this matte	er to the following:	
_	Dougla: Name of Co	s Christy ontact Person	
_	Wetherington, Hamilto	on, Harrison & Fair, PA	
	Firm/C	Company	
_		orida Avenue	
	Auc	uress	
-	Tampa, Flo City/State a	orida 33602 and Zip Code	
	dgc@whh	f-law com	
Ī	E-mail address: (to be used for		cation)
For further informati	on concerning this matter, please	call:	
	ouglas Christy	at ( 813 ) Area Code & Daytin	225-1918 x 29
Name	e of Contact Person	Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.00	check made payable to the Depart	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Second Division of Corollifton Building 2661 Executive	porations g

Tallahassee, FL 32301

...

TO:

## 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: Bedford B Condominium Association, Inc.
2. The principal office address: c/o Sterling Management Services, 1904 Clubhouse Drive
Sun City Center, FL 33573
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/16/1983 Document number: N00429
<ol><li>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)</li></ol>
James R. DeFurio, Esq.
201 E. Kennedy Blvd., Suite 1460
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed):
Douglas Christy, Esq.
1010 N. Florida Avenue
P.O. Box NOT acceptable  Tampa, FL 33602
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.
Signature of any page or of director Printed or typed name and title
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.
Sign wire of Registered Agent 91241 09 Date
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 \* \* \*