(Requestor's Name)			
(Address)	70016126685		
(Address)  (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	10/02/0901014003 *		
(Business Entity Name)	No company to the company of the com		
(Document Number)	, , , , , , , , , , , , , , , , , , ,		
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\*35.00

## **COVER LETTER**

TO:		ent Section of Corporations					
SUBJ	JECT:	ACADIA II CON	NDOMINIUM Name of Corporat				
DOC	UMENT N	UMBER:	N0100000	)2276			
The e	nclosed Stat	ement of Change of Regis	tered Office/Agent	and fee are submitted for filing.			
Please	e return all c	orrespondence concerning	this matter to the	following:			
			Douglas Chris lame of Contact Pe	ty			
	Wetherington, Hamilton, Harrison & Fair, PA Firm/Company						
	1010 N. Florida Avenue  Address						
	Tampa, Florida 33602  City/State and Zip Code						
	dgc@whhf-law.com E-mail address: (to be used for future annual report notification)						
For fu	ırther inform	ation concerning this mat	ter, please call:				
	Na	Douglas Christy une of Contact Person	at (	813 ) 225-1918 x 2 Area Code & Daytime Telephone Nu	9 mber		
Enclo	sed is a \$35.	00 check made payable to	the Department of	State.			
		Mailing Address: Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	orations	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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	te of Florida	
1. The name of t	the corporation: Acadia	a II Condomi	nium Association, I	nc.	
• -	office address: c/o Ster		ent Services, 1904 Cl		
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification:	4/2/2001	Document number:	N01000002276	
	I street address of the current of State: (If resigned		nt and registered office on f	ile with the	
	James R. DeFurio,	Esq.			
201 E. Kennedy Blvd., Suite 1460					
	Tampa, FL 33602			OCT	
6. The name and street address of the new registered agent (if changed) and (or registered office of the new registered agent).					
	Douglas Christy, Es	sq.		AM 11: 39	
	1010 N. Florida Ave	enue		39 ATE RIDA	
		P.O. Box NOT ac	cceptable		
,	Tampa, FL 33602	<del></del>		<del></del>	
The street addre as changed will	ss of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,	
Such change wa authorized by th	is authorized by resolution board, of the corporat	on duly adopted b ion has been notif	y its board of directors or ied in writing of the chang	by an officer so e.	
Signatur	e of an officer or director		Brian L.		
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as regi o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statute l accept the obliga a change in the r of this change.	agree to act in this capacit is relative to the proper an ition of my position as reg registered office address, T	y, d complete performance istered agent. Or, if this hereby confirm that the	
	nature of Vogistered Agent	<u> </u>	912410	<u> </u>	
	half of an entity:		j Date '		
	Douglas Christy //ped or Printed Name				

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