

NO 2000004619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

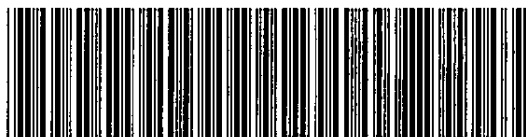
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TALLAHASSEE, FLORIDA

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C. [Signature]
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Heron Condominium Assoc.
Name of Corporation

DOCUMENT NUMBER: N02000004619

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan M. Kase
Name of Contact Person

American Condominium Management
Firm/Company

615 Cape Coral Pkwy. W. #103
Address

Cape Coral, FL 33914
City/State and Zip Code

smkmgmt@embarqmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan M. Kase at (239) 542-4404
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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, 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: Blue Heron OF Cape Coral Condominium Association INC.
2. The principal office address: c/o Rossman Property Management
1104 SE 46th Lane #2, Cape Coral, FL 33904
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: _____ Document number: N02000004619
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)

Michelle Rossman

c/o Rossman Property Management

1104 SE 46th Lane #2, Cape Coral, FL 33904

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

Susan M. Kase

c/o American Condominium Management

P.O. Box NOT acceptable

615 Cape Coral Pkwy. W. #103, Cape Coral, FL 33914

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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.

Michelle Rossman
Signature of an officer or director

Michelle Rossman, CAM
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.

Susan M. Kase
Signature of Registered Agent

10/1/2009
Date

If signing on behalf of an entity:

Susan M. Kase

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