

N02 000005813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

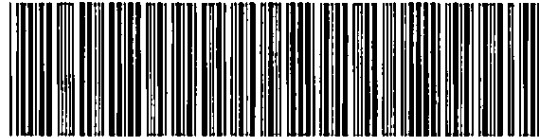
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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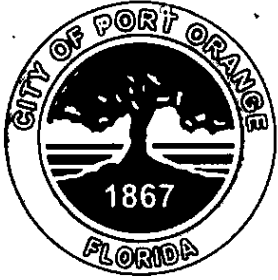
04/21/22--01023--018 **35.00

FILED

2022 APR 21 AM 6:09

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
JUN - 9 2022



CITY OF PORT ORANGE

1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
TELEPHONE 386-506-5500
www.Port-Orange.org

Legal Department Telephone: 386-506-5525
Legal Department Fax: 386-506-5530

April 20, 2022

VIA FEDEX DELIVERY
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: City Center Corporate Park Property Owners Association, Inc.

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office/Agent form for the above-referenced corporation. Enclosed please also find the Articles of Dissolution and Notice of Corporate Dissolution regarding the same corporation.

Please process the Registered Agent change first, before processing the corporation's dissolution.

Should you have any questions or concerns, please do not hesitate to contact me via email at cmeek@port-orange.org or my assistant at pandrews@port-orange.org or via phone at (386) 506-5528. Thank you for anticipated assistance.

Sincerely,

Carly R. Meek
Assistant City Attorney

CRM/pa
Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CITY CENTER CORPORATE PARK PROPERTY OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N02000005813

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:

Carly R. Meek, Assitant City Attorney

Name of Contact Person

City of Port Orange

Firm/Company

1000 City Center Cir.

Address

Port Orange, FL 32129

City/State and Zip Code

mjones@port-orange.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Andrews

Name of Contact Person

at (386)

506-5528

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: CITY CENTER CORPORATE PARK PROPERTY OWNERS ASSOCIATION, INC.

2. The principal office address: 1000 City Center Cir.

Port Orange, FL 32129

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/31/2002 Document number: N02000005813

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)

Dr. Scott R. Neils

1000 City Center Cir.

Port Orange, FL 32129

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

Jonathan C. McKinney

1000 City Center Cir.

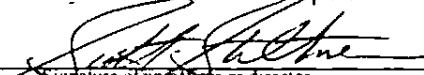
P.O. Box NOT acceptable

Port Orange, FL 32129

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

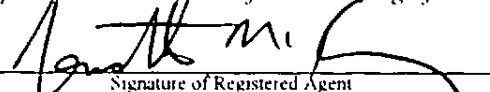
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Scott Stiltner, 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

April 5, 2022

Date

If signing on behalf of an entity:

Jonathan C. McKinney

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
CR2E045 (04/13)