

N02000005982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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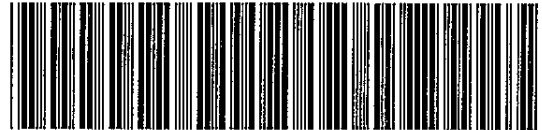
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. A. change

T BROWN APR 14 2004

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 1400 WHITE STREET CONDOMINIUM ASSOCIATION, INC.  
(Name of corporation)

DOCUMENT NUMBER: NO2000005982

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:

JARED HOBGOOD  
(Name of person)

1400 WHITE STREET CONDOMINIUM ASSOCIATION, INC.  
(Name of firm/company)

~~APARTMENT C, 1400 WHITE STREET~~ 1201 Thompson S  
(Address)

Key West FL 33040  
(City/state and zip code)

For further information concerning this matter, please call:

JARED HOBGOOD at (305) 294-8851  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 1, 2004

JARED HOBGOOD  
1400 WHITE STREET CONDOMINIUM ASSOC.  
1201 THOMPSON STREET  
KEY WEST, FL 33040

SUBJECT: 1400 WHITE STREET CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N02000005982

We have received your document for 1400 WHITE STREET CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 804A00021397

**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: 1400 WHITE STREET CONDOMINIUM ASSOCIATION
2. The principal office address: 1400 WHITE STREET, APT. C  
KEY WEST FL 33040
3. The mailing address (if different): c/o SELINA CHOW  
2604 LAKE VIEW CT. CHURCHVILLE MD 21028
4. Date of incorporation/qualification: 08-06-2002 Document number: NO2000005982
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~DIANE T. COVAN, Esq.~~ Jared Hobgood  
~~600 WHITE ROAD ST. APT. 205~~ 1400 C White St.  
KEY WEST FL 33040

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

JARED HOBGOOD  
~~APT C, 1400 WHITE STREET~~ 1201 Thompson St.  
(P.O. Box or personal mailbox NOT acceptable)  
KEY WEST FL 33040

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.

~~Jared Hobgood~~ Jared Hobgood Registered Agent  
~~DIANE T. COVAN~~ DIANE T. COVAN DIRECTOR  
(Signature of an officer or director) (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.

3/21/04  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314