N0200007220

| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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R. HUNT 10/23/23 James Robert Caves, III
Shareholder
*Board Certified Specialist in Condominium and
Planned Development Law

Phone: 239.628.4928 Fax: 239.433.5933

rcaves@beckerlawyers.com

Becker & Poliakoff Six Mile Corporate Park 12140 Carissa Commerce Court, Suite 200 Fort Myers, Florida 33966

Northern Trust Building 4001 Tamiami Trail North, Suite 270 Naples, Florida 34103

October 17, 2023

Via U.S. Mail

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Kings Greens at Majestic Condominium Association, Inc. (Document No. N02000007220)

To Whom It May Concern:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Boths for Corporations for the above-referenced Association, along with check #36505 in the amount of \$35.00 for the filing fee. Should you have any questions, please feel free to contact me.

Very truly yours,

James Robert Caves, III For the Firm

JRC1/plr

Enclosure

PICHE C COUNTY OF THE COUNTY O

Becker

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | inge is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida. |
|-------------------------------------|--|---|
| | | AT MAJESTIC CONDOMINIUM ASSOCIATION, INC. |
| 2. The principal | office address: 530 CONSTRUCT | ION LN, LEHIGH ACRES, FL 33936 |
| 3. The mailing a | ddress (if different): | |
| 4. Date of incorp | poration/qualification: 09/20/2002 | Document number: N02000007220 |
| | d street address of the current registment of State: (If resigned, enter | stered agent and registered office on file with the resigned) |
| | ALLISON CEFALU | |
| | 530 CONSTRUCTION LN | |
| | LEHIGH ACRES, FL 33936 | |
| 6. The name and (if changed): | street address of the new register | ed agent (if changed) and /or registered office |
| | BECKER & POLIAKOFF | |
| | 12140 CARISSA COMMERCE C | OURT, SUITE 200 |
| | <u> </u> | P.O. Box NOT acceptable |
| | FORT MYERS, FL 33966 | |
| The street addre | ess of its registered office and the be identical. | street address of the business office of its registered agent, |
| Such change was authorized by th | s authorized by resolution duly a board, or the corporation has b | dopted by its board of directors or by an officer so een notified in writing of the change. |
| J'1_ | The state of the s | Phillip Dent |
| l hereby accept | E of an officer or director the appointment as registered ag | ent and agree to act in this capacity. |
| of my dutiës, an document is bei | o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c | ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange. |
| | | September 26, 2023 |
| Sign | nature of Registered Agent | Date |
| If signing on bel | nalf of an entity: | |
| Joseph E. Adams | , Esquire | |
| ту | ped 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)

PM 12: LO