

1702357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

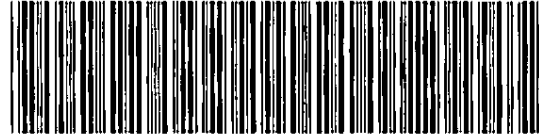
(Business Entity Name)

(Document Number)

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2018 NOV 30 12 38 25
U.S. District Court
District of Columbia

DEC 06 2018
T. LEMIEUX

PA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Update Name of Registered Agent

Name of Corporation

DOCUMENT NUMBER: N02357

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:

LISA NEAL

Name of Contact Person

PERDIDO SUN CONDOMINIUM ASSOCIATION INC.

Firm/Company

13753 PERDIDO KEY DR.

Address

PENSACOLA, FL 32507

City/State and Zip Code

PERDIDOSUN@PERDIDOSUNASSOCIATION.COM

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

For further information concerning this matter, please call:

LISA NEAL

Name of Contact Person

at (850) 492-2390
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: PERDIDO SUN CONDOMINIUM ASSOCIATION, INC
2. The principal office address: 13753 PERDIDO KEY DR,
PENSACOLA, FL 32507
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/04/1984 Document number: N02357
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)

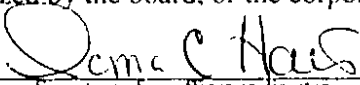
PERDIDO SUN CONDOMINIUM ASSOCIATION, INC
13753 PERDIDO KEY DR.
PENSACOLA, FL 32507

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

LISA NEAL
13753 PERDIDO KEY DR.
P.O. Box NOT acceptable
PENSACOLA, FL 32507

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

DONNA HARRIS, SECRETARY
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

11/15/2018

Date

If signing on behalf of an entity:

LISA NEAL

Typed or Printed Name

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