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THE 26 2019

COVER LETTER

TO: Amendment Section Division of Corporations

ragadelene Court Condominium Association Inc.

N02888 DOCUMENT NUMBER:

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:

Wesley K. Jones, Esq.

Name of Contact Person

Glausier Knight Jones, PLLC

400 North Ashley Drive, Suite 2020

Tampa, FL 33602

wiones@glausierknight.com

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

For further information concerning this matter, please call:

Wesley K. Jones, Esq. at 813 440-4600

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

		sections 607.0502, 617.05 ted for a corporation orga				
		s registered office or regis				_
L. The name of	the corporation	n: Magdalen	e Court Co	ndominium	n Assacia	tioning.
2. The principal	office address	: 3210 W. 1	Palmira A	trenue		
	-	TAMPA, E	FL 3362	19	····	
3 The mailing a	ddress (it ditt	erent): $\underline{P} \circ \cdot \underline{\mathcal{B}} \times$				
		•	FL 3367			
4. Date of incorp	xoration/qualif	fication: 5\03\199	PA Document nu	ımber: <u>N</u> O	<u> </u>)
		s of the current registered :: (If resigned, enter resign		office on file wi	th the	
	Wesley	Jones				
	1801 N.	Highland Ave	•		₹ 7	
	Tampa,	FL 33602			19 110	
6. The name and (if changed):	street address	of the new registered age	ent (if changed) and /	or registered offi	JUN 13	
	Wesley K.	Jones, Esq. c/o Gla	ausier Knight Jo	ones, PLLC		
	400 Nor	th Ashley Drive		0	8: 40 (ORI) (ORI)	
	Tampa,	PO, Box NOT FL 33602	Гассеріявіе		(B)	
The street address as changed will b	ss of its regist be identical.	ered office and the street	address of the busin	ess office of its	registered age	nt,
Such change was authorized by the	authorized be board, or the	y resolution duly adopted corporation has been no	by its board of dire	ctors or by an of	fficer so	
Signature	of an officer or di	rector	Kate	J Br	m	-
went. Or it this	document is	nt as registered agent and the provisions of all state I am familiar with and a being filed merely to refl ation has been notified in	d agree to act in this utes relative to the pi ccept the obligation	oj my position o	TE POOLELAPINI	
سبسر)	May 14, 20	19		
	ture of Registered	-		Date		
f signing on beha	· .	•				
Wesley K.	Jones, ed or Printed Name					
		* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE 10 FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)