## NO2944

(Requestor's Name)
(Address)
(Address)
(//dd/c33)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Becament Nemzer)
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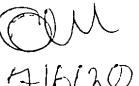
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JUN 8 2020



## **COVER LETTER**

TO: Amendment Section Division of Corporations	• · · · · · · · · · · · · · · · · · · ·
SUBJECT GIVER GAVE FEATES VILLA Name of Corporation	GE CONDOMINUM ASSOCIATION, SECTION 3, INC.
DOCUMENT NUMBER: NO 2944	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Name of Contact Person	
MIRITER ASSOCIATION MANAGE Firm/Company	MENT GOOD, LLC
909 CATLEBEN RO Address	
SARAS of A 51 3 4232 City/State and Zip/Code	
SARASOTA FL 34232 City/State and Zip Code  Foul a Omitale  E-mail address: (to be used for future annual	I report notification)
For further information concerning this matter.	please call:
RON Schwieg  Name of Contact Person	at ( 941 ) 685-2801  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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 FLACION in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: CENTER GIVE STORES VALACE COLUMN ASSOCIATION THE SECTION T 2. The principal office address: 909 CAMLENGE RO SARASOTA <u> F</u> 3. The mailing address (if different): 4. Date of incorporation/qualification: 6630-884 Document number: NO2944 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) E81620 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MITCHELL ASSOCIATION PANASSAGE PO Him NOT exceptable 34232 The street address of its registered office and the street address of the business office of its registered agen 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.

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.

अक्रमधान के सिन्द्रांअदाको Agent

If signing on behalf of an entity:

MYRITELL MISOCIATION 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)