Florida Department of State
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APR 10 2020

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lthompsonrenaissancesq@gmail.com

REGISTERED AGENT CHANGE
THE RESIDENCE AT RENAISSANCE SQUARE CONDOMINIUM ASSO

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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: The Residence at Renaissance Square Condominium Association, Inc.
2. The principal office address: 4131 GUNN HWY
TAMPA, FL 33618
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/05/2003 Document number: N03000001954
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)

MANKIN LAW GROUP

2535 LANDMARK DR. #212

TAMPA, FL 33761

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

JONATHAN J. ELLIS

101 E. KENNEDY BLVD., STE. 2800
P.O Box NOT acceptable

TAMPA, FL 33602

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.

Linda Thompson
Signature of officer or director

Linda Thompson - President
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

4/10/2020
Date

If signing on behalf of an entity:

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

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