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S TALL	(Document Number)
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COVER LETTER

	Blossom Park Condominium Association Inc, Name of Corporation
DOCUMEN	T 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:
	Rand Hunt
	Name of Contact Person
	HotelMax Inc.,
	Firm/Company
	278 Crystal Grove Blvd
	Address
	Lutz, FL 33548
	City/State and Zip Code
	hotelmax@aol.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
Rand	Hunt Name of Contact Person Area Code & Daytime Telephone Nu
	Name of Contact Person Area Code & Daytime Telephone Nu

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

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Blossom Park Condominium Association, Inc	
2. The principal	office address: 1851 W. Landstreet Road, Orlando, FL 32809	
3. The mailing a	address (if different): 278 Crystal Grove Blvd, Lutz, FL 33548	
4. Date of incorp	poration/qualification: March 13, 2003 Document number: N03000002232	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Enio Carvalho	
	8421 S. Orange Blossom Trail, Suite 234	
	Orlando, FL 32809	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Rand Hunt	,
	278 Crystal Grove Blvd,	
	P.O. Box NOT acceptable Lutz, FL 33548	
	ess of its registered office and the street address of the business office of its registered agent, be identical.	
authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	Rand Hunt, Director Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. April 28, 2018	
Sign	mature of Registered Agent Date	
If signing on be	chalf of an entity:	
Ty	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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