N03000002736

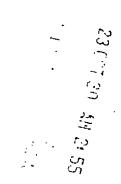
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: J. HORNE NOV - 9 2023





600418156426

10/30/23--01014--008 ++35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: G.B.S. Condominium Association, Inc.					
Name of Corporation					
DOCUMENT NUMBER: N03000002736					
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Sherri Gray					
Name of Contact Person					
NextGen Community Management					
Firm/Company					
18070 S. Tamiami Trl. Suite 12					
Address					
Fort Myers, FL 33908					
City/State and Zip Code					
office@nextgcm.com					
E-mail address: (to be used for future annua	l report notification)				
For further information concerning this matter, p	please call:				
Sherri Gray	at (²³⁹) ³⁷²⁻²⁹⁹⁶ Area Code & Daytime Telephone Number				
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	Street Address: Amendment Section				
Division of Corporations	Amendment Section 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

statement of cha	inge is submitted	ctions 607.0502, 617.050 I for a corporation orga registered office or regist	nized under the laws	of the State of Flo	orida	
1. The name of	the co rp oration:	G.B.S. Condominium A:	ssociation, Inc.			
1. The name of the corporation: G.B.S. Condominium Association, Inc. 18070 S. Tamiami Trl. Suite 12						
3. The mailing a	ddress (if differ	ent):				
4. Date of incorp	poration/qualific	eation: 03/31/2003	Document nu	mber: 0300000273	6	
5. The name and	d street address o	of the current registered a (If resigned, enter resign	agent and registered			
	Alliant Property	Management, LLC				
	13831 Vector A	ve.				
	Fort Myers, FL	33907				
6. The name and (if changed):	l street address o	of the new registered age	ent (if changed) and	or registered office		
, ,	NextGen Comm	nunity Management			23 (
	18070 S. Tamia	mi Trl. Suite 12			613	
	·		ox NOT acceptable		**	
	Fort Myers, FL	33908			7. 1.	
The street address changed will	ess of its register be identical.	red office and the street	address of the busi	ness office of its re		
Such change wa authorized by th	as authorized by ie board, or the	resolution duly adopte corporation has been no	d by its board of directified in writing of	rectors or by an off the change.	ficer so	
			Donald Mier	President or typed name and title		
٥	re of an officer or dire		<i>f</i>			
I further agree i of my duties, an document is bei	to comply with t d I am familiar ng filed merely	nt as registered agent an the provisions of all stat with and accept the ob- to reflect a change in the n writing of this change	tutes relative to the ligation of my positi he registered office	proper and compli on as registered a	ete performance gent. Or, if this confirm that the	
		0	10/20/2023			
Sig	nature of Registered /	Agent		Date		
lf signing on be	half of an entity	/:				
Sherri Gray						
T	yped or Printed Name	:				

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