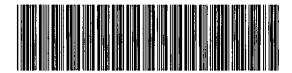
## N03000000538

(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:					

Office Use Only



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## COVER LETTER

TO: Amendment Section **Division of Corporations** 

Artisan Club Condominium Association Inc.

Name of Corporation

90-0162835

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:

John V. Calvert LCAM

Name of Contact Person

Artisan Club Condominium Association Inc

Firm/Company

52 Riley Road #417

Celebration FL 34747

City/State and Zip Code

manager@artisanclubcondo.com

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

For further information concerning this matter, please call:

John V. Calvert LCAM

Name of Contact Person

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2014

JOHN V. CALVERT ARTISAN CLUB CONDOMINIUM ASSOCIATION INC 52 RILEY ROAD #417 CELEBRATION, FL 34747

SUBJECT: ARTISAN CLUB CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N03000006538

We have received your document for ARTISAN CLUB CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

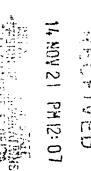
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 714A00023237



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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ced under the laws of the State of Florida	, this	-
1. The name of t	he corporation: Artisan Club Condo	ominium Association Inc		
2. The principal	office address: 1218 Stonecutter B	lvd, Celebration FL 34747		
<del></del>				
3. The mailing a	ddress (if different): 52 Riley Road #	# 417 Celebration FL 34747		
4. Date of incorp	poration/qualification: July 1, 2005		;	
	I street address of the current registered ag trment of State: (If resigned, enter resigned			
	Leland Management Inc			
6. The name and (if changed):	6972 Lake Gloria Blvd		1 2 1 3 V 2 I	
	Orlando FL 32809			
	I street address of the new registered agent John V. Calvert, LCAM Artisan Club Condominium As			
	52 Riley Road #417		必 変	2000 E
	P.O. Box NOT a Orlando F 34747	acceptable	2	
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its regist	ered age	ent,
	as authorized by resolution duly adopted be board, or the corporation has been noti			
Signature of an officer or director  Dianne Tosi, President Printed or typed name and to				<u></u>
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all status my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in mature of Registered Agent	les relative to the proper and complete	ristered ess, I	
If signing on be	half of an entity:			
	Condominium Association Inc			
T	yped or Printed Name			

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