

NO3000007283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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17 AUG 14 PM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Macg
AUG 16 2017
R. WHITE

**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: ELLON PLAZA CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 1492 MARKET CIRCLE UNIT 1 PORT CHARLOTTE FL, 33953

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/25/2003 Document number: N03000007283

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)

CANGIAMILA, SR, ROBERT A.

23238 GLORY AVENUE

PORT CHARLOTTE, FL 33952

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

CORUJO LLC & JUAN HERNANDEZ

174 SALISBURY ST

P.O. Box NOT acceptable

PORT CHARLOTTE FL, 33954

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.

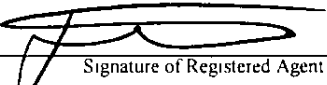


Signature of an officer or director



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

8/8/2017

Date

If signing on behalf of an entity:

JUAN HERNANDEZ

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 (03/12)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELLON PLAZA CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03000007283

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:

JUAN HERNANDEZ

Name of Contact Person

CORUJO LLC

Firm/Company

174 SALISBURY ST

Address

PORT CHARLOTTE, FL, 33954

City/State and Zip Code

d&jfinanceinc@yahoo.com

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

For further information concerning this matter, please call:

Juan Hernandez

Name of Contact Person

941 456-8900

Area Code & Daytime Telephone Number

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