

1703915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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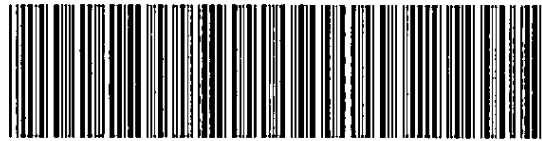
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2018

T. LEVIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Douglas Center Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N03915

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:

Donna Bruce
Name of Contact Person

The Douglas Center
Firm/Company

821 Douglas Avenue Suite 183
Address

Altamonte Springs, FL 32714
City/State and Zip Code

Donna.Bruce@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Bruce at (407) 399-0235
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
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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Douglas Center Condominium Association, INC.
2. The principal office address: 821 Douglas Ave
Suite 183 Altamonte Springs, FL 32714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-26-1984 Document number: N03915

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)

Maclarty, W. Sue c/o Quest Co.
1180 Spring Center Blvd S., Suite 102
Altamonte Springs, FL 32712

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

821 Douglas Avenue Suite 183
Altamonte Springs, FL 32714
P.O. Box NOT acceptable

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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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.

Donna M. Bruce
Signature of an officer or director

Donna Bruce, 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.

Donna Bruce
Signature of Registered Agent

August 23, 2018
Date

If signing on behalf of an entity:

Donna Bruce
Typed or Printed Name

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