## N03952

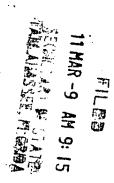
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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03/09/11--01005--025 \*\*35.00



or shoot

## **COVER LETTER**

TO: Amendment Division of	Section Corporations		
SUBJECT:	Midport Place I Condomin		
DOCUMENT NUM	MBER: N03952		
The enclosed Statem	ent of Change of Registered Office	/Agent and fee are submitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
		-	
	James N. Krivok, Esqu	ire	
-	Name of Cor		
	Dicker, Krivok & Stole	off. P.A.	
-	Firm/Co		
	1818 Australian South	Suite 400	
-	Addi		
West Palm Beach, FL 33409			
City/State and Zip Code			
	•	·	
	JK@dkslaw.net		
E-mail address: (to be used for future annual report notification)			
For further informat	ion concerning this matter, please c	all:	
_	-		
James Krivok		_ at ( 561 ) 615-0123 Area Code & Daytime Telephone Number	
Nam	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00	check made payable to the Depart	ment of State.	
	N#=11tm= 4.4.d=	Stuart Adduses	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee. FL 32314	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, th statement of change is submitted for a corporation organized under the laws of the State of <b>Florida</b>	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Midport Place I Condominium Association, Inc.	
2. The principal office address: 1509 SE Royal Green Circle	
Port St. Lucie, FL 34952	a
3. The mailing address (if different): same	<del>,</del>
4. Date of incorporation/qualification: 6-28-84 Document number: N03952	
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)	
Michael J. McCluskey, Esquire	
3473 SE Willoughby Boulevard	
Stuart, PL 34995	- E
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	R-9 A
Dicker, Krivok & Stoloff, PA	# 9:
1818 Australian Avenue South Suite 400 PO Box NOT acceptable	15
West Palm Beach, FL 33409	
The street address of its registered office and the street address of the business office of its registered 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  Davio B. WARREN PRE	SIDEUT
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 per, of my duties, and I am familiar with and accept the obligation of my position as registered agent. Cocument is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formance Of lif this I that the
Signature of Registered Agem  Date  Date	<del></del>
If signing on behalf of an entity:	
James N. Krivok	
Typed or Printed Name	

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