140400003680

C & S CONDOMINIUM MANAGEMENT SERVICES, INC. 4301 32nd St. W., Suite A-20 Bradenton, Florida 34205				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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10/29/08--01009--014 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIBA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stat n organized under the laws of the State of <u>Flo</u> r registered agent, or both, in the State of Flor	rida	
			iaa.	
	•	Valk Condominium Association, Inc.	 	
2. The principal	office address: Skip Jack Loo	p. Bradenton, FL 34202		
3. The mailing a	ddress (if different): 4301 32nc	St. W., Suite A-20, Bradenton, FL	34205	
4. Date of incor	poration/qualification: 04/12/20	04 Document number: N040000	03680	
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with t resigned)	he	
	Williard White			
	2310 Della Dr.		SEC.	
	Naples FL 34117		OCT 2	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office	<u></u>	
	M. H. Chris Brown			-
	C&S Condominium Manag		\$ o	
	(P.O. Box NOT a	cceptable)		
	4301 32nd St. W., Suite A	-20, Bradenton, FL 34205		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its re	egistered agent,	
Such change was authorized by the	as authorized by resolution duly a	adopted by its board of directors or by an of been notified in writing of the change.	ficer so	
(Signati	O DV () Or director)	AM SON CONTROL HITE	Scenoden	8
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a lam familiar with and accept to filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and compl the obligation of my position as registered a ge in the registered office address, I hereby o change.	ete performance igent. Or, if this confirm that the	
XX	hi som	10/25/08		
(Si _l	mature of Registered Agent)	(Date)		
If signing on be	half of an entity:			
	yped or Printed Name)	-		
· ·	· -			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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