## N0400005813

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|-------------------------|--------------------|-----------|
| (Re                     | equestor's Name)   |           |
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Florida Office Park Condo. Assoc., Inc. (Name of Corporation)                        |
| DOCUMENT NUMBER: N040005813   |
| 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 Andrew Jackson (Name of Contact Person)  |
| Christine & Christine, P.A. (Firm/Company)  |
| 28 Cordova Street (Address)   |
| St. Augustine, FL 32084<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:                                  |
| John Andrew Jackson at (904) 829-0523 (Area Code & Daytime Telephone Number)                  |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |
| Mailing Address: Amendment Section  Street Address: Amendment Section                         |

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

## 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: Florida Office Park Condominium ASS  2. The principal office address: 7 Florida Park Dr.  Palm Coast, FL 32137  |
| 3. The mailing address (if different): PO Box 353187  Palm (oast, FL 32135  |
| 4. Date of incorporation/qualification: 6 10 04 Document number: N04000058  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Stokes, Lea A   |
| 109 S. 6th St. Ste. 200   |
| Flagler Beach, FL 3213AS &  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Christine : Christine, P. A = In  |
| 28 Cordova Street SE NOT acceptable)  |
| St. Augustine, FL 32+36 32084   |
| 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.   |
| POBERT E. DICKINSON   |
| (Signature of an officer or director)  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. |
| 4/30/8  |
| (Signature of Registered Agent) (Date)  |
| If signing on behalf of an entity:  |
| J. Andrew Jackeson  |
| (Typed or Printed Name)   |

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