

ND40000006513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

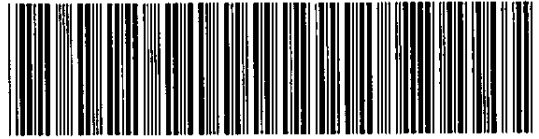
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Culbreath Key Bayside Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000006513

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:

Charles Evans Glausier

Name of Contact Person

Glausier Knight, PLLC

Firm/Company

400 N. Ashley Drive, Ste. 2020

Address

Tampa, FL 33602

City/State and Zip Code

cglausier@glausierknight.com

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

For further information concerning this matter, please call:

Charles Evans Glausier

Name of Contact Person

at (813) 440-4600

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

1. The name of the corporation: Culbreath Key Bayside Condominium Association, Inc.

2. The principal office address: 17824 N. US Hwy 41., Lutz, FL 33549

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/30/2004 Document number: N04000006513

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)

Charles Evans Glausier

1801 N. Highland Avenue

Tampa, FL 33602

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

Charles Evans Glausier

400 N. Ashley Drive, Suite 2020

P.O. Box NOT acceptable

Tampa, FL 33602

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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.

/s/ Suzette Barnett
Signature of an officer or director

Suzette Barnett, 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.

Charles
Signature of Registered Agent

6 DEC 17
Date

If signing on behalf of an entity:

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)