N04000006667

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R.A.

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJECT: Seybold Lofts Condominium Association, Inc. (Name of Corporation)					
DOCUMENT NUMBER: N0400006667					
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:					
	Brian Smith	-			
	(Name of Contact Person)	 			
	Rampart Properties, Inc				
(Firm/Company)					
9887 Fourth Street N Suite #301 (Address)					
Saint Petersburg FL 33702 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Brian	(Name of Contact Person) at (727 (Area	577-2200 Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Amendment Section A Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314	treet Address: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle			

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

	•	17.0502, 607.1508, or 617.1508, Florida S n organized under the laws of the State of _	
in orde	, , , , , , , , , , , , , , , , , , ,	registered agent, or both, in the State of F	lorida.
1. The name of	the corporation: Seybold Lofts Cor	ndominium Association, Inc.	
2. The principal	office address: 9887 Fourth Stree	et N Suite #301	
Saint Peters	sburg FL 33702		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: $7-8$	Document number: N040000	006667
	d street address of the current regis rtment of State:	tered agent and registered office on file wi	th the
	Community Association Ma	anagement Svcs	_
	2002 N Lois Ave Suite #5	07	-
	Tampa FL 33607		TALL SEC
Tampa FL 33607 6. The name and street address of the new registered agent (if changed) and /or registered office FC (if changed):			
	Rampart Properties, Inc		一門 至一
	9887 Fourth Street N Suit		MII: 21
	(P.O. Box NOT a	•	Dr. F
	Saint Petersburg FL 3370	2	_
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of i	ts registered agent,
Such change wanthorized by the	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by ar seen notified in writing of the change.	officer so
Me (Signal	ure of an officer or director)	Melissa Byo (Printed or typed name and	tille)
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered as to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and con the obligation of my position as registere ge in the registered office address, I here change.	nplete performance ed agent. Or, if this by confirm that the
3	enature of Registered Agent)	4-8-10 (Date)	_
(Si	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:	,	
		-	
(Typed or Printed Name)	NO 1111 025 00 4 4 4	
	" " " FILI	NG FEE: \$35.00 * * *	

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