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REGISTERED AGENT CHANGE

ISLAND COVE OF CAPE CORAL CONDOMINIUM ASSOCIATION, I

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Electronic Filing Menu

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Help

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISLAND COVE OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N04000008196

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:

SEAN N. ELLIS

Name of Contact Person

ROETZEL & ANDRESS LPA

Firm/Company

2320 FIRST STREET #1000

Address

FORT MYERS, FL 33901

City/State and Zip Code

PM@ISLANDCOVECONDOS.ORG

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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: ISLAND COVE OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 1801-2 FOUR MILE COVE PARKWAY, CAPE CORAL, FL 33990

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/20/2004 Document number: N04000008196

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)

R & A AGENTS, INC. (C/O ASHLEY D. LUPO)

850 PARK SHORE DRIVE, TRIANON CIR-3RD FLR

NAPLES, FL 34103

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

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FLORIDA 33324

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.

Resigned by:
Joe Tullbane
Signature of Resigned Agent

JOSEPH TULLBANE, 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.

Laura Broderick
Signature of Registered Agent

8/22/2023

Date

If signing on behalf of an entity: Laura Broderick
CT CORPORATION SYSTEM Assistant Secretary

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
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