

NO4 000008234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

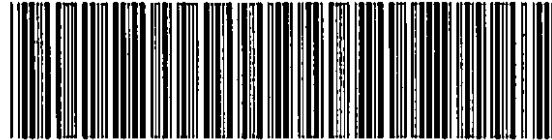
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 22 2022

Office Use Only



600384921576

04/04/22--01017--023 **35.00

FILED
2022 APR -4 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Josephine Street Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000008234

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:

Ron Saunders

Name of Contact Person

Firm/Company

1509 Josephine Street, Unit 2

Address

Key West, FL 33040

City/State and Zip Code

ronesaunder@comcast.net

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

For further information concerning this matter, please call:

Ron Saunders

Name of Contact Person

at (

305) 619-0383

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

**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: Josephine Street Condominium Association, Inc.
2. The principal office address: 1509 Josephine Street, Unit 2, Key West, FL 33040
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/28/2006 Document number: N04000008234
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)
- James P. Marsh (resigned)
- 444 North Main Street
- Hubbard OH 44425

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

Ron Saunders

1509 Josephine Street, Unit 2

P.O. Box NOT acceptable

Key West FL 33040

FILED
2022 APR -4 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

James P. Marsh
Signature of an officer or director

James P. Marsh

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.

RSA
Signature of Registered Agent

03/30/2022

Date

If signing on behalf of an entity:

Josephine Street Condominium Association, Inc.

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 (04/13)