NO4000009044

(Re	equestor's Name)	· · · · · · · · · · · · · · · · ·					
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 51. Pek Commerce Center Property Owners Association (Name of corporation)
DOCUMENT NUMBER: NO400009044
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:
Mark Ferris
(Name of contact person)
St. Pete Commerce Center Property Owners Association (Firm/Company)
4003 1th Terrace South (Address)
St. Petusburg, Florida 33711 (City/state and zip code)
For further information concerning this matter, please call:
Mark Cerris (Name of contact person) at (727) 323 · 0887 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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								
1. The name of t		St. Pe	te (, OM MUNCE	Center	Property	Dwars	Asso
2. The principal		4003	71	_ Terro	ace So	33111		
3. The mailing a	ddress (if differe							
4. Date of incorp	ooration/qualifica	ntion: <u>Sept</u>	21 .	2004 Do	ocument number	er: No40	000090	14
5. The name and Florida Depar	street address of state:	f the current	register	ed agent and	registered office	ce on file with the	he	
	Flin	t_111_		Nelso			0	
	2	401 6	vest F	Bay L 3	<u>Dr</u> 3770	54 42F	SECOLULIA S	7
6. The name and (if changed):	M	ask l	Canton		- ,	egistered office	SSEE, FLORE	E
				evia a			En .	Co
		•			L 33"			
The street addre as changed will								t,
Such change wa authorized by the	s authorized by e board, or the o	resolution o corporation	duly ado has bee	pted by its be n notified in	oard of direct writing of the	ors or by an off change.	icer so	
(Signatur	re of an officer or due	ector)				Fouris -		nt
I hereby accept. I further agree to of my duties, and document is bein corporation has	the appointment o comply with the d I am familiar v ng filed merely t ngen notified in	t as register we provision with and ac o reflect a c writing of	ed agen is of all cept the change i this cha	nt and agree statutes rela obligation of in the registe ange.	to act in this c itive to the pro of my position ired office add	apacity, per and comple as registered a ress, I hereby c	ete performan gent. Or, if th onfirm that th	ce ris ie
(Sig	nature of Registered A	Agent)		<u>-</u>	<u></u>	(Date)		
If signing on bel		:						
Mark	yped or Printed Name)						

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