N0400011279

(Re	questor's Name)				
	•				
(64)	dress)				
(Au	uress)				
(Address)					
•	•				
(Cit	y/State/Zip/Phone	e #)			
		·			
PICK-UP		MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer				
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

(Anoberta - 2011)

COVER LETTER

TO:	Amendmer Division of	at Section Corporations	•				
SUBJI	ECT:	Del Mar West Condomi Name of	nium Association, Inc	<u>-</u>			
DOCU	JMENT NU	MBER:NO	4000011279				
The en	closed State	ment of Change of Registered Off	ice/Agent and fee are submitte	ed for filing.			
Please	return all co	rrespondence concerning this mat	ter to the following:				
			ert Scott				
	•	Name of C	Contact Person				
			nagement Solutions, LLC Company				
		riniv	Company				
		PΛ	. Box 36				
		_	ddress				
	Largo, Florida 33779-0036 City/State and Zip Code						
		Pohort coatté	Nonmamail com				
	_	E-mail address: (to be used for	Dapmsmail.com r future annual report notific	cation)			
				,			
For fur	rther informa	tion concerning this matter, pleas	e call:				
		Robert Scott	at (727) Area Code & Daytim	269-5200			
	Nan	ne of Contact Person	Area Code & Daytim	e Telephone Number			
Enclos	ed is a \$35.0	0 check made payable to the Dep	artment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sec Division of Cor Clifton Building 2661 Executive	porations 3 Center Circle			
			Tallahassee, FL	<i>323</i> 01			

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of Florida
1. The name of t	he corporation: Del M	ar West Cond	ominium Association	on, Inc.
2. The principal	office address: C/O All	ance Property	Management Solutions	s, LLC
	an Rocks Road, Su			
3. The mailing a	ddress (if different): C/C	Alliance Prope	erty Management Solu	tions, LLC
P.O. Box	36, Largo, Florida	33779-0036		
4. Date of incorp	oration/qualification:	12/03/2004	_ Document number:	N04000011279
	street address of the current of State: (If resigned		t and registered office on fil	e with the
	Condo Manageme	nt Plus	;	70 8 an
	19535 Gulf Blvd. S	uite E		C C
	Indian Shores, Flor	ida 33785		ASS. 15
6. The name and (if changed):	street address of the new	v registered agent (i	f changed) and /or registered	d office FLOAT
	Robert Scott			(D) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T
	12800 Indian Rock	s Road, Suite 1		
	Largo, Florida 3377		æptatile	
The street addre	ess of its registered offic be identical.	e and the street add	lress of the business office	of its registered agent,
			tits board of directors or bed in writing of the change	
	re of an officer or director	-	William Karns / Printed or typed name	and title
1 W	the appointment as regito comply with the provi to comply with the provi of I am familiar with and ne filed merely to reflect peen notified in writing nature of Registered Agent	stered agent and a sions of all statutes I accept the obliga t a change in the re t of this change.	gree to act in this capacity strelative to the proper and tion of my position as regis egistered office address, 11 10-1-20 Date	i complete performance stered agent. Or, if this hereby confirm that the
If signing on be	half of an entity:	-		

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