

N04000011547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

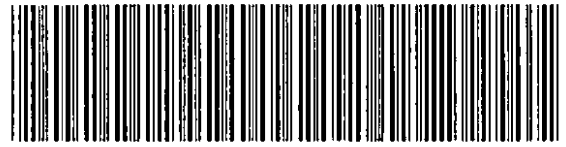
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2023 AUG 24 PM 12:28-
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capron Office Center Owner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO 4000011547

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:

Joseph Walden
Name of Contact Person
Capron Office Center Owner's Association, Inc.
Firm/Company
1370 Bedford Dr. Ste 106
Address
Melbourne FL 32940
City/State and Zip Code
jwaldenpsy d @gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Walden at (813) 613 4412
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2023

JOSEPH WALDEN
1370 BEDFORD DRIVE
STE 106
MELBOURNE, FL 32940

SUBJECT: CAPRON OFFICE CENTER OWNERS ASSOCIATION, INC.
Ref. Number: N04000011547

We have received your document for CAPRON OFFICE CENTER OWNERS ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA NON PROFIT CORPORATION NOTE: THE ADDITIONAL FILING FEE OF \$10.00. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00018105

**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: Capron Office Center Owner's Association, Inc.
2. The principal office address: 1370 Bedford Dr. Ste. 106
Melbourne FL 32940
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 12/13/2004 Document number: NO4000011547
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)

Capron Condo Association
1370 Bedford Dr. Ste 106
Melbourne FL 32940

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

Joseph Walden
264 Grauper Cr SE
Palm Bay FL 32909

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2023 AUG 24, PM 12: 28

FILED

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.

Joseph Walden
Signature of an officer or director

Joseph Walden, Owner
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.

Joseph Walden
Signature of Registered Agent

08/21/2023
Date

If signing on behalf of an entity:

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)