

ND4762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

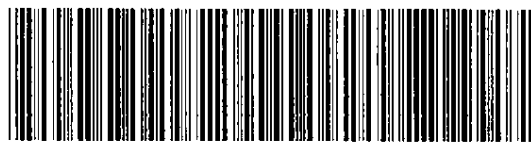
(Business Entity Name)

(Document Number)

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17 APR - 3 AM 10:49
DIVISION OF CORPORATIONS
STATE OF ILLINOIS

APR - 5 2017

C MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

17 APR -3 AM 10:49
DIVISION OF CORPORATIONS
STATE OF FLORIDA

SUBJECT: Country Grace Condominium Association
Name of Corporation

DOCUMENT NUMBER: NO4762

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:

Cory Cumbie
Name of Contact Person

Country Grace Condominium Association
Firm/Company

4442 Country Grace Blvd
Address

WFB FL 33406
City/State and Zip Code

kala0724@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Cumbie at (561) 307-6732
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Country Grove Condominium Association
- 2. The principal office address: 4442 Country Grove Blvd. WPB FL 33406
- 3. The mailing address (if different): Same
- 4. Date of incorporation/qualification: 8/20/84 Document number: NOY 762

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)

St. John Rossin Podesta & Burr, PLLC
1601 Forum Place, # 701
West Palm Beach, FL 33401

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

Rossin & Burr, PLLC
1550 Southern Boulevard, Suite 100
West Palm Beach, FL 33406

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
17 APR -3 AM 10:50

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.

[Signature]
Signature of an officer or director

Cory M Cumbie
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.

[Signature]
Signature of Registered Agent

4/2/17
Date

ROBERT B. BURR
If signing on behalf of an entity:

Rossin + Burr, PLLC
Typed or Printed Name

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