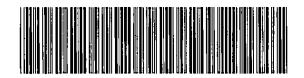
## 11050000001014

(Re	questor's Name)	
(Ad	dress)	,
(Ad	dress)	
(		
(Cit	ry/State/Zip/Phone #	) .
		<b>—</b>
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
·	,	
	cument Number)	
(LX	cument Number)	
Certified Copies	_ Certificates or	f Status
Special Instructions to	Cilian Officer	
Special instructions to	Filing Officer,	

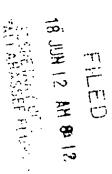
Office Use Only



900314384109

06/12/18--01008--006 \*\*35.00

S TALLENT JUN 1 4 2018



K/Brog

## **COVER LETTER**

Division of Corporations
SUBJECT: DESOTO SQUARE CONDOMINIUM  Name of Corporation ASSOCIATION, INC
DOCUMENT NUMBER: N 05 00001014
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:
CYNTHIA TANT  Name of Contact Person  GULF COAST PEAR ESTATE Management  Firm/Company  316 W CERVANTES ST. STE A  Address
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:  Cynthua Tant at 850, 393-5134  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

TO: Amendment Section

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

statement of chang	covisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida SI ge is submitted for a corporation organized under the laws of the State of $\int$ to change its registered office or registered agent, or both, in the State of Fl	FLORID
1. The name of the	e composition: DFSOTO SQUARE CONDOMINU	um As
2. The principal o	OF LET COLLABOR OF COL	75-12
A PENS	ACOLA, FC 32501	
3. The mailing add	dress (if different): 316 W CERVANES ST S	TE B
PENS	AcorA, 12,3501	
4. Date of incorpo	oration/qualification: 131/05 Document number: NOS	00000
	street address of the current registered agent and registered office on file with	h the
Florida Departn	nent of State: (If resigned, enter resigned)	
_	CYNTHALTANI	± 68°
_	926 E CERVANTES SV, STEE	3 1 1
	PENSACOLA, PZ 32501	72
6. The name and s	street address of the new registered agent (if changed) and /or registered offic	ر این در این
( <b>g</b> ,-	CYNTHIA TANT	7
_	316 WCERVANTES ST. STE	=A
_	PENSACOLA, FZ 32501	·
The street address as changed will be	s of its registered office and the street address of the business office of its	registered ager
_	authorized by resolution duly adopted by its board of directors or by an of board, or the corporation has been notified in writing of the change.	ficer so
Williams	of an officer of director  Director  Director  Printed or typed name and title	TRIAHT,
<ul> <li>I further goree to</li> </ul>	ne appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and comp by duties, and I am familiar with and accept the obligation of my position of document is being filed merely to reflect a change in the registered office tat the corporation has been notified in writing of this change.	lete is registered address, I
Oyl	Muy and 6-4-2018  Date  Date	
If signing on beha	alf of an entity:	
Tim	ed or Printed Name	
гурк	* * * 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 (03/12)