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| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Courtney Palms Condominium Assn. Inc. | | | |
| DOCUMENT NUMBER: N0500004706 | | | |
| 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: | | | |
| Peter Wenzel Name of Contact Person | | | |
| Courtney Palms Condominium Assn. Inc | | | |
| 10003 Courtney Palms Blud | | | |
| Tampa, Fl 33619 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Tar ah Price at (813) 626-1656 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 Street Address: Amendment Section Division of Corporations Clifton Building | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Courtney Palms Condominium Assn. Inc. |
| 2. The principal office address: 1003 Courtney Palms Blud |
| Tampa, F1 33619 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: May 4, 2005 Document number: N0500004700 |
| 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) |
| Peter Wenzel |
| 10003 Courtney Palms Blud |
| Tampa, F1 331019 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Rabin Parker P.A. do Monique Parker > |
| 28059 US. HWY 19 North Ste 301 |
| Clearwater, F133761 |
| 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 of an officer or director Peter Wenzel Board President Printed of 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 of Registered Agent 4/25/2016 Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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