

N05000005521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

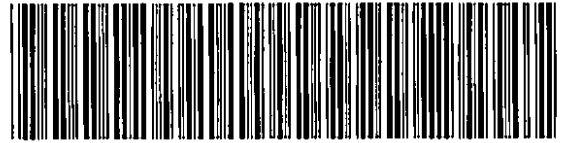
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000316610770

08/02/18 01:14:01P 4435.00

AUG 06 2018

S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG -2 AM 8:05

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Wave Condominium Association of St. Petersburg, Inc.
Name of Corporation

DOCUMENT NUMBER: NO5000005521

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:

Monique E. Parker
Name of Contact Person

Rabin Parker, P.A.
Firm/Company

28059 U.S. Hwy 19 North, suite 301
Address

Clearwater, Florida, 33761
City/State and Zip Code

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

For further information concerning this matter, please call:

Monique E. Parker at (727) 475 5535
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: The Wave Condominium Association of St. Petersburg, Inc.
2. The principal office address: c/o Resource Property Management
5901 Sun Blvd., Suite 303, St. Petersburg, Florida, 33715
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/26/2005 Document number: N05000005521
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)

Zacur, Richard
5200 Central Avenue
St. Petersburg, Florida 33707

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

Rabin Parker, P.A.
28059 U.S. Hwy 19 North, suite 301
Clearwater, Florida, 33761
P.O. Box NOT acceptable

FILED
18 AUG - 2 AM 8:05
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

DAVID STUMPF, BOARD PRESIDENT
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

07/30/18
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 (03/12)