N0500005685

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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10/21/10--01006--011 **35.00

PILED

AND TO

COVER LETTER

Division of Corporations
SUBJECT: Pottsburg Crossing Condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>NO500005685</u>
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:
(Name of Contact Person)
The CAM Team, LLC (Firm/Company)
1008 Park Avenue. (Address)
Drange Park, Florida 32073 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (G04) 278-2338 (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

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: Potts burg Crossing Condominium Association, on
2. The principal office address: 1008 PARK HUENUE
WRange PARK, FloRIda 32073
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: \(\sum_{Q500005685} \)
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Stellar Properties
3015 Hartley Road 3
Jacksonville, Florida 32257 2 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
/he CAM Team, UC
1008 PAIRK AVENUE (P.O. BOX NOT acceptable)
DRANGE PARK, Florida 32023
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.
Torsium Thums LORRAINE G. LINARES (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 of Registered Agent) (Date)
If signing on behalf of an entity:
Linda M. Woods
(Typed or Printed Name)

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