

N05 000007Z16

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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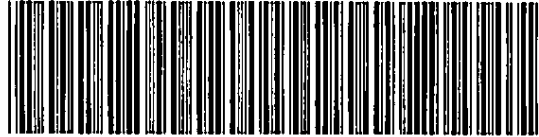
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

12/17/20

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PORTOFINO AT JENSEN BEACH CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N05000007216

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:

ALBERT B. MOORE

Name of Contact Person

ALBERT B. MOORE, P.A.

Firm/Company

130 S. INDIAN RIVER DRIVE, SUITE 202

Address

FT. PIERCE, FL 34950

City/State and Zip Code

almoore64@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA LOUGHLIN

Name of Contact Person

at ( 772 ) 337-3375

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: PORTOFINO AT JENSEN BEACH CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3817 NW MEDITERRANEAN LN  
JENSEN BEACH, FL 34957
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/14/2005 Document number: N05000007216
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)

RANDALL K. ROGER & ASSOCIATES, P.A.

621 NW 53rd ST, SUITE 300

BOCA RATON, FL 33487

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

ALBERT B. MOORE, P.A.

130 S. INDIAN RIVER DRIVE, SUITE 202

P.O. Box NOT acceptable

FORT PIERCE, FL 34950

SECRETARY OF STATE  
TALLAHASSEE, FL

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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

Sharon Paulson  
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

10/29/2020  
Date

If signing on behalf of an entity:

Albert Moore  
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 (04/13)