N05000008768

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	من بيري	
	111. 22 2024	





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05/17/22--01014--015 **85.00



COVER LETTER

TO:

Amendment Section
Division of Corporations

SUBJECT: S.C.O. Condominium Association Inc.				
Name of Corporation				
DOCUMENT NUMBER: N05000008768				
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:				
William Matthews				
Name of Contact Person				
Dennison & Matthews, PLLC	 			
Firm/Company				
3300 S. Hizwassee Rd., Suite 106				
Address				
Orlando, FL 32835				
City/State and Zip Code				
william@dennisonmatthews.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this matter, please call:				
Willam Matthews	at (407)539-4289 Area Code & Daytime Telephone Number			
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	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CRZE045 (04/13)

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Sto n organized under the laws of the State of <u>Flo</u> r registered agent, or both, in the State of Flo	orida
1. The name of	the corporation: S.C.O. Condomini	um Association Inc.	
	office address: 100 South Eola Driv		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 8/24/2005	Document number: N05000008	768
5. The name and		stered agent and registered office on file with	
	Corporation Company of Orlando		
	300 South Orange Ave., Stc. 1600		
	Orlando, FL 32801		
6. The name and (if changed):		ed agent (if changed) and /or registered office	SECR TAL
	Dennison & Matthews, PLLC		ET;
	3300 S. Hiawassee Rd, Suite 106		HARY
	Orlando, FL 32835	P.O. Box NOT acceptable	SEEE.
The street addre	ss of its registered office and the be identical.	street address of the business office of its re	egistered agent,
		dopted by its board of directors or by an off een notified in writing of the change.	
	1/1/	Khaled Akkawi	
	e of an officer or director	Printed or typed name and title	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered ago o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been potified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and comple ne obligation of my position as registered a e in the registered office address, I hereby o tange.	ete performance gent. Or, if this confirm that the
1/00	Miles	4/27/2022	
A S	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Dennison	Matthews PLLC.		

* * * 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)