

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
i 				

Office Use Only



200349507232

0.01(2/20=-01008 (-012 - #408.40)

20 AUS 12 AMII: 12

OCT 0.5 2.29

D CUSHING

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: Mirabella I Condominium Association, Inc. Name of Corporation DOCUMENT NUMBER: N05000009143 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: Robyn Severs Name of Contact Person Becker & Poliakoff, P.A. Firm/Company 111 N. Orange Ave., #1400 Address Orlando, FL 32801 City/State and Zip Code rsevers@beckerlawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robyn Severs Area Code & Daytime Telephone Number Name of Contact Person 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

CR2E045 (04/13)

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

Ţ

statement of cha	provisions of sections 607,9302, 617 9302, 697,1308, or 617,1308, Florida Sta nge is submitted for a corporation organized under the laws of the State of <u>Fk</u> r to change its registered office or registered agent, or both, in the State of Flo	rida	
<ul><li>i. The name of t</li><li>2. The principal</li></ul>	he corporation:  Mirabella I Condominium Association, Inc.  office address: 10075 Gate Pkwy N., Office-Clubhouse, Jacksonville, FL 32246		
3. The mailing a	ddress (if different): same		
	ouration/qualification: 09/06/2005 Document number: N05000000	143	
5. The name and	I street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)		
	Becker & Poliakoff, P.A.		
	100 Whetstone Place. Suite 302		
	St. Augustine, FL 32086		7
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office Becker & Poliakoff, P.A.	20 MIG 12	
	111 N. Orange Ave. #1400		in.
	PO Box NOI acceptable		`.// :-:::
	Orlando, FL 32801	5	
The street address changed will	ess of its registered office and the street address of the business office of its	registered	agent.
-	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.		
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and compadity with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. Thereby is been notified in writing of this change.	olete perfoi avent Or	- 11 11113
Kales	m Swer 07 27 2020		
If signing on be	enature of Registered Agent Date  chalf of an entity:		
Robyn Severs			
	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, TAILLAHASSEE, FL 32314
CR2E045 (04-13)