NO5 0000 11287

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C. BRUMBLEY

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SAN MARCO CONDOMINIUM ASS Name of Corporation						
DOCUMENT NUMBER: N05000011287						
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning thi	is matter to the following:					
Shana J. Shields						
Name of Contact Person						
Law Offices of Wells Olah Cochran, P.A.						
Firm/Company						
3277 Fruitville Road, Building B						
Address	****					
Sarasota, FL 34237						
City/State and Zip Code						
kwells@kevinwellspa.com						
E-mail address: (to be used for future annua	al report notification)					
For further information concerning this matter.	please call:					
Shana J. Shields	at (941) 366-9191 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the	e 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						
Tallahassee, FL 32314	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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi	zed under the laws of the State of $\underline{f 1}$	Florida	
in orde	er to change its registered office or register	red agent, or both, in the State of F	² lorida.	
1. The name of	the corporation: SAN MARCO CONDOMI	NIUM ASSOCIATION OF SARAS	OTA, INC.	
2. The principal	office address: 1188 N. Tamiami Trail, Sara	isota, FL 34236		
3. The mailing a	address (if different): Clo Lighthouse poration/qualification: 11/04/2005 d street address of the current registered ag	Property Management, 41	34 Gulf c	Mexico Dr.
4. Date of incorp	poration/qualification: 11/04/2005	Document number: N050000	11287 # 4	Langbert Key, FL
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		ith the	34228
	LAW OFFICES OF WELLS/OLAH, P.A.			
	1800 2nd St., Suite 808		_	
	Sarasota, FL 34236		, , , , , , , , , , , , , , , , , , , ,	2021
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered of	fice 35 AM 10: 0	יו
	Law Offices of Wells Olah Cochran, P.A			<u>: 177</u>
	3277 Fruitville Road, Building B		0:0	D
	P.O. Box	NOT acceptable		
	Sarasota, FL 34237		-	8
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of it	s registered a	agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an itied in writing of the change.	officer so	
Signatu	ere of an officer or director	Printed or typed name and ti	tie	
I hereby accept I further agree of my duties, ar document is be corporation/ha	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the oblig ing filed merely to reflect of change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and con gation of my position as registere, registered office address, I herel	uplete perform d agent. Or, by Confirm th	mance if this at the
4	- 	11/3/2021		
Sig	nature of Rogistered Agent	Date	 	
If signing on be	chalf of an entity:			
Kevin T. Wells				
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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