N05000012193

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

Office Use Only



100234650491

06/04/12--01005--019 **35.00



RACHURS

'JUN "5 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: San marco Prof Off Condo ASS Inc.
DOCUMENT NUMBER: NOS00000/2/93
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:
Ven Ingenite Name of Contact Person
Ing Management Inc 10812 Grade BVd
10812 Grade BVd
Must palu Bul FL 33412_City/State and Zip Code
City/State and Zip Code Machiel (a) Bell South . Met E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jer Orgent at 561, 358 2/95
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
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

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

્ર ગ

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: Jan Marlo Professional Office Conduminium. 2. The principal office address: 10872 Grade PSM Association. Wist Dala Black FL 334/2
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/5/2005 Document number: N050000 12/93
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) Poblet Came 575 N Flagh DM 1844 FL West palm Black FL 33 464 or 75
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Image
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. Well
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
Losigning on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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