

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

**Ente	er	the	email	address	for	this	busin	ess	entity	to	be	used	for	fırtur
				t mailin										

Email	Address:			

REGISTERED AGENT CHANGE

OFFICES AT VERANDA PARK BUILDING 7000 CONDOMINIUM AS

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of che	, inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statute in organized under the laws of the State of <mark>Flonds</mark> ir registered agent, or both, in the State of Florida	<u> </u>					
		da Park Building 7000 Condominum Associatio						
	office address: 7065 Westpoin							
3. The mailing a	address (if different): 7901 4th	St N STE 300 St. Petersburg FL 33702						
		Document number: N050000123	362					
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)						
	Offices at Veranda Park B	Bldg 7000 Condo Association						
	1065 Maitland Center	Commons Blvd.	2 023 f					
	Maitland, FL 32751		2023 FEB - 9					
6. The name and (if changed):	d street address of the new register							
	Registered Agents Inc	<u>ت</u>	8: 2!					
	7901 4th St N STE 306	0	m 🗲					
	St. Petersburg FL 33702							
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its regis	stered agent,					
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	er so					
	re of an officer or director	Praveen Kamarsu, Preside	Praveen Kamarsu, President					
l furthér agrée of my duties, an docúment is bei	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chang s been noufled in writing of this c	gent and agree to act in this capacity. all stanues relative to the proper and complete the obligation of my position as registered agen ge in the registered office address, I hereby con change.	performance it. Or, if this firm that the					
[] and 1/28914		February 9, 2023						
Sig	nature of Registered Agent	Date						
If signing on be	shalf of an entity:							
David Rob	erts							
	yped or Printed Name							
	* * * FILI	NG 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)