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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | · · · · · · · · · · · · · · · · · · · |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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06/27/12--01017--018 **35.00



6 /28/ 12

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Somerset View ConDominium Association Two. Name of Corporation |
| DOCUMENT NUMBER: NO 508 9 |
| 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: |
| Name of Contact Person Que 2 |
| SomeRSET View Canno Association For |
| 3403 HANCOCK Bridge Pkiny 472 |
| N- Fort Myers FZ. 33903 City/State/and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| 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

CR2E045 (03/12)

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

| 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 ofin order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Samonsed View Con Dominium Association |
| 2. The principal office address: 726 SW 47+4 TERRACE The. |
| CAPE CORAL FT. 33914 11- |
| 3. The mailing address (if different): 3403 Hancock Bridge Plus # 0 |
| N. Fort Myers, Ft. 33903 |
| 4. Date of incorporation/qualification: 9/1/1984 Document number: |
| 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) |
| med J.R. & ASSOCIATES TUSURANCE Agency LL |
| 169x) 3403 HUNICOCK Bridge PKWY # 1. |
| N. Fort rujers, Fr. 33903 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office is (if changed): |
| LARINA U POOM SUEZ 5 17 M |
| 3403 Hancock Bridge Plantiff |
| N. Fort Myers, Pr. 33903 = |
| 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 authorized by the board, or the corporation has been authorized by the change. |
| Signature of an officer of director V.P. |
| 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 Registral Agent Date |
| If signing on behalf of an entity. |
| Typed 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 * * *