N05385

(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
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02/05/15--01017--001 **1375.00

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COVER LETTER

TO:

Registration Section

Divis	ion of Corporations					
SUBJECT:	PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC.					
	Name of Limited Liability Company					
Dear Sir or M	fadam:					
The enclosed	Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.			
Please return	all correspondence concerning thi	s matter to the fo	ollowing:			
Kelly Hoop	ner					
	Name of Person		_			
	Name of Person					
BishopBea	ile					
<u> </u>	Firm/Company		_			
250 North	Orange Avenue, Suite 1500					
	Address		-			
Orlando, F	L 32801					
	City/State and Zip Code		_			
kelly@bish	nopbeale.com					
E-mail	address: (to be used for future ann	ual report notific	cation)			
For further in	nformation concerning this matter,	please call:				
Kelly Hoop	per	407	426-7702			
	Name of Person	** (Area Code & Daytime Telephone Numbe			
Regi: Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
□ \$2	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14)					



February 11, 2015

KELLY HOOPER 250 N ORANGE AVE STE 1500 ORLANDO, FL 32801

SUBJECT: PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N05385

We have received your document for PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$1375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you are trying to file is not correct. You can not change a manager or member's address on a registered agent change. You will need to file a Amendment for the LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 115A00002912

Allcase note this charge was for updating address for registered agent, but signer signed in wrong area.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company:			IDOMINIUM ASSOCIATION, INC.
2.	(a)	-recently changed via e-mail to Sunbiz	Œ	recently	y changed via e-mail to Sunbiz
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		250 North Orange Ave., Suite 1500		250 Nor	th Orange Ave., Suite 1500
		Orlando, FL 32801	_	Orlando	, FL 32801
		09/27/1984		N05385	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Bishop Beale Management			
٠,	(4)		Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat		
		1321 Edgewater Dr.			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2)	-
		Suite 2			
		Orlando, FL , FL	32804		
	(b)	same name as above			APR 13 DRETARE LAHASS
Enter name of NEW Registered Agent and/or NEW Registered Office address:				ldress:	
		250 North Orange Ave.			PM 15 (OF ST/ EE, FLO
		NEW Registered Office Address:			<u> </u>
		Suite 1500			_ -
		Orlando, FL_	32801		_
th ag w	e cha gent ' as/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi bility c f the lin	istered offic ompany, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.
_	Sion	ature of a member of authorized representative of a member		Wi	Niam Bishop Printed or typed name of signee
	_	•	na to s		
pr th to no	nere ovis e ob mer otifie	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perforn for in ereby c	a in inis cap nance of my Chapter 60, confirm that	duties, and I am familiar with and accept of the first and I am familiar with and accept for F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent