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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE PIRATES COVE COMMERCIAL CONDOMINIUM ASSOCIATION, INC

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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida	this
		egistered agent, or both, in the State of Florida.	
1. The name of	the corporation: Pirates Cove Comm	ercial Condominium Association, Inc.	<del></del>
2. The principal	office address: 2600 OVERSEAS HV	VY MARATHON, FL 33050	······································
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/20/2005	Document number: N06000000007	
	d street address of the current registe rtment of State: (If resigned, enter re	red agent and registered office on file with the signed)	
	CORPORATION SERVICE COMPA	ANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		2022 DEC 27
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	TC 27
	C T Corporation System		2
	1200 South Pine Island Road		₽. 29.
	P.	O. Box NOT acceptable	ည်
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its registe	red agent,
Such change wa authorized by the	as authorized by resolution duly add he baard, or the corporation has bee	opted by its board of directors or by an officer s in notified in writing of the change.	o
	APW /	Andre Lattibeaudiere, President and Directo	r
		ented of the drawn and title  nt and agree to act in this capacity, statutes relative to the proper and complete pe e obligation of my position as revisiered agent, in the registered office address, I hereby confir- inge.	rformance Or if this m that the
		12/27/2022	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Janga 2.1	/Jennifer Mincer //yped or Printed Name		
V Т	yped or Printed Name	D THO 000 00 4 4 4	

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