

ND60000000253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

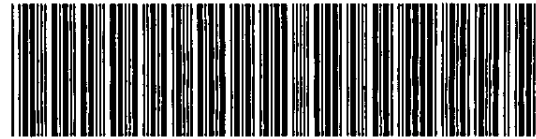
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB -7 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Whispering Palms Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: N06000000253

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:

Michael A Santos

Name of Contact Person

A & M Management Associates, LLC

Firm/Company

1123 Big Sky Dr

Address

Wesley Chapel, FL 33543

City/State and Zip Code

michael.a.santos68@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Santos

Name of Contact Person

at (813) 598-9967

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

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: Whispering Palms Condominium Association, Inc

2. The principal office address: 13200 Wilcox Rd, Largo, FL 33774

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/09/2006 Document number: N06000000253

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)

All About Mannagement Inc

206 S. Elm Avenue

Sanford, FL 32772

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

A & M Management Associates, LLC

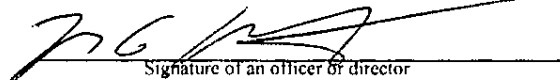
1123 Big Sky Dr

P.O. Box NOT acceptable

Wesley Chapel, FL 33543

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.


Signature of an officer or director

Mark Bastille - Treasurer

Printed or typed name and title

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

23 Jan 2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA