

NO6000002477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

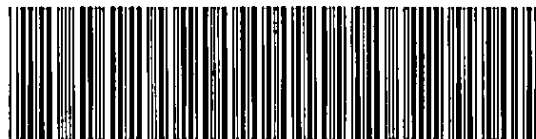
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 19 2018

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2018

JUANA LAZARO
1804 EAST MARKS STREET
ORLANDO, FL 32803

SUBJECT: MARKS STREET ESTATES CONDOMINIUM ASSOCIATION INC.
Ref. Number: N06000002477

We have received your document for MARKS STREET ESTATES CONDOMINIUM ASSOCIATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU SUBMITTED TWO AMENDMENTS AND ONLY ONE FEE YOU CAN DO AN AMENDMENT OR MAIL ANOTHER 35.00

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 218A00014160

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marks Street Estate Condominium Association, INC
Name of Corporation

DOCUMENT NUMBER: N06000002477

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:

Juana Lazaro

Name of Contact Person

Firm/Company

1804 East Marks St

Address

Orlando FL 32803

City/State and Zip Code

dilazaro1@hotmail.com

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

For further information concerning this matter, please call:

Juana Lazaro

Name of Contact Person

at (**407**) **257-2346**

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: Marks Street Estate Condominium, INC

2. The principal office address: 1804 E Marks St, Orlando FL, 32803

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: NO 0000002477

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)

James Baron - Resigned

1806 East Marks Street Orlando FL 32803

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

Thomas Faber

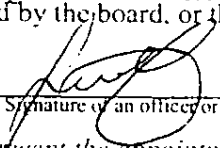
1806 East Marks Street, Orlando FL 32803

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Juana Lazaro, 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.

Tom Faber

Signature of Registered Agent

6-14-2018

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