N06000003141

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
, , , , ,					
PICK-UP WAIT MAIL					
(Designed Forth Manna)					
(Business Entity Name)					
(Document Number)					
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12/05/14--01009--004 **35.00

SEUNCTARY OF STATE

12/11/14

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

DREWTINA BUSINESS PLAZA CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

NO600003141

The explant Statement of Change S.D., i.e., 10055, 44 and 100 S.D., i.e., 10055, 40 and

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:

Ron Schenk Name of Contact Person Web Benefits Design Corporation Firm/Company 6244 Creature to a Drive

6211 Greatwater Drive

Address

Windermere, FL 34786

City/State and Zip Code

rons@wbdcorp.com

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

For further information concerning this matter, please call:

Ron Schenk
Name of Contact Person

at (407) 506-3282
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

statement of cha	nge is submitted for	a corporation organi	, 607.1508, or 617.1508, Florida Statute: zed under the laws of the State of <mark>Florida</mark> red agent, or both, in the State of Florida	
1. The name of t	he corporation: DR	EWTINA BUSINES	SS PLAZA CONDOMINIUM ASSO	CIATION, INC
2. The principal	office address: 62	11 Greatwater D	Prive, Windermere FL34786	
3. The mailing a	ddress (if different)			
4. Date of incorp	oration/qualificatio	n: 03/20/2006	Document number: N06000003	3141
		e current registered ag esigned, enter resigned	gent and registered office on file with the	
	CRUZ, GUILL	ERMO R		<u> </u>
11980 SW 144 CT, SUITE 103, MIAMI, FL 33186				
	resigned			NEW DEC -5
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office			RP UR
	Ron Schenk			8: 38
	ermere, FL 34786			
	P.O Box NOT acceptable			
The street addreas changed will	ess of its registered be identical.	office and the street a	address of the business office of its regis	tered agent,
Such change was authorized by the	as authorized by res ne board, or the corp	olution duly adopted poration has been not	by its board of directors or by an officer ified in writing of the change.	· so
Kel	1.6		Ron Schenk, President	
•	te of an officer or director the appointment as to comply with the p my duties, and I an is document is bein that the corporatio	registered agent and provisions of all statu n familiar with and ac g filed merely to refle n has been notified in	Printed or typed name and title I agree to act in this capacity, tes relative to the proper and complete except the obligation of my position as re- ext a change in the registered office addi- writing of this change.	gistered ress, I
Ru	().CSL		12/2/14	Arr you way To be
J	nature of Registered Agent		Date	
-	half of an entity:			
Ron Schen	K yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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