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COVER LETTER

Amendment Section Division of Corporations SUBJECT: Palm Cove Bradenton Condominium Association. Inc.

TO:

(Name of Corporation)
DOCUMENT NUMBER: N06000003621
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:
Kevin T. Wells, Esq.
(Name of Contact Person)
The Law Offices of Kevin T. Wells, P.A. (Firm/Company)
22 S. Links Avenue, Suite 301 (Address)
Sarasota, FL 34236 (City/State and Zip Code)
For further information concerning this matter, please call:
Kevin T. Wells, Esq. at (941) 366-9191 (Name of Contact Person) (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 chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Palm Cove Bradenton Condominium Association, Inc.
	fice address: 4550 W. 47th Street, Bradenton, Florida 34210
3. The mailing add	Iress (if different): 4370 S. Tamiami Trail, Suite 102, Sarasota, Florida 34231
4. Date of incorpor	ration/qualification: 04/03/2006 Document number: N0600003621
	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
<u>C</u>	Casey Condominium Management
<u>4</u>	370 S. Tamiami Trail, Suite 102
<u>s</u>	Sarasota, Florida 34231
(if changed):	treet address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are not of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are neglected agent (if changed) a
	Kevin T. Wells, Esq., Law Offices of Kevin T. Wells, P.A.
<u>2</u>	P.O. Box NOT acceptable)
<u> </u>	Sarasota, Florida 34236
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so beard or the corporation has been notified in writing of the change.
(Anghature	of an officer or director) RECHARA CARLSON, PRESENSES (Printed or typed name and title)
I hereby accept the I further acree to of my duties, and a document is being corporation has be	te appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this piled merely to reflect a charge in the registered office address, I hereby confirm that the een notified in writing of this change.
100	11/1009 (ura of Partitional Agant)
(Signal	ultrof an entity:
0 0	
	rin T. Wells, Esq.

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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