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PICK-UP WAIT MAIL			
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COVER LETTER

Amendment Section Division of Corporations TO:

Mandarin Cove Offic Park Condominiums Association Inc. SUBJECT: Name of Corporation
DOCUMENT NUMBER:
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:
Patricia Mallard
Name of Contact Person Duval Realty Inc.
irm/Company 6196 Lake Gray Boulevard Suite 103
Address Dacksonville FL 32244
City/State and Zip Code accounting@DuvalRealtyInc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terri Devries 904 367-1816
Terri DeVries at 904 367-1816 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

DocuSign Envelope ID: CA2B437C-4126-4CDA-A7CF-1BAED81F5E62 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		on organized under the laws of the State of Florida	
in orde	r to change its registered office (or registered agent, or both, in the State of Florida.	
1. The name of	the corporation:	ve Office Park Condominiums Association, Inc. ay Boulevard Suite 103 Jacksonville FL 32244	
2. The principal	office address:		
3. The mailing a	address (if different):	06000004617	
4. Date of incoη	04/26/2 poration/qualification:	006 n06000004617 Document number:	
	d street address of the current reg rtment of State: (If resigned, ente Joel Chamberlain, CPA	istered agent and registered office on file with the r resigned)	
	4350 Pablo Professiona	l Court Suite 200	
	Jacksonville FL 32224		
6. The name and (if changed):		ered agent (if changed) and /or registered office	
	Ouval Realty Inc. 6196 Lake Gray Boulevard Suite 103		
	Jacksonville FL 32244	P.O. Box NOT acceptable	
The street addreas changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent,	
Such change wa	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
lindy last	<u>cy</u>	Cindy Lasky, President	
ū	le of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei	the appointment as registered of the comply with the provisions of the comply with the provisions of the lambdaccep, ing filed merely to reflect a chars been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, if this age in the registered office address. I hereby confirm that the change.	
Patricia M	allard	August 9, 2022	
F40708FD80312	flature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Patricia Ma	llard		
Т	yped or Printed Name	_	
	* * * F[L	ING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)