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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: November 14, 2017

Order#: 913629/009

Re: DOWNTOWN DADELAND CONDOMINIUM NO. SIX ASSOCIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502 inge is submitted for a corpora ir to change its registered office	tion organized	under the law	vs of the State of	r Florida		
						ON INC	
1. The name of	the corporation: DOWNTOWN	tract E206 M	IAMLEL 331	56			
2. The principal	office address: 7280 SW 90 S				· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification: 06/06/2	2006	_ Document t	number: N0600	0006084		
	d street address of the current rartment of State: (If resigned, en		t and registere	ed office on file	with the		
	NRAI SERVICES, INC				_		
	1200 South Pine Island Road	d				<i>∨</i> э₁. ′	٠.
	Plantation		FL	33324	_	em>	'a.
6. The name an (if changed):	d street address of the new regi	istered agent (i	f changed) an	d /or registered	office	MIT NOV 16 P	
	Corporation Service Company	ny	<u> </u>	_		P# 12:	,
	1201 Hays Street					<u></u>	* (*)
		P.O. Box NOT acco		00004			
	Tallahassee		FL.	32301			
The street addi	ress of its registered office and il be identical.	I the street add	lress of the bu	isiness office of	its regist	ered age	nt,
	vas authorized by resolution du the board, or the corporation h						
	76			rrow, Preside			
Signa	ture of an officer or director		Print	ed or typed name and	title		-
I further agree performance of agent. Or, if the hereby confirm	ot the appointment as registere to comply with the provisions of my duties, and I am familiar his document is being filed me in that the corporation has bee ion Servica Company	s of all statute.	s relative to ti	ne proper and c tion of my posit	<i>w</i>	zistered ess, I	
By: I In	ne Tokubi	o	Novemb	ber 13th, 2017	7		
	ignature of Registered Agent	_		Date			_
If signing on b	pehalf of an entity:						
Grace E. Kirb	y, Assistant Vice President						
	Typed or Printed Name	u mo eee.	£25 00 + + +				
	~ ~ ~ F	LING FEE:	ずひご・UU " " "				

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