

NO 000000 8332

(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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SEP 22 2017
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP 22 PM 4:30

FILED



SEP 06 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2017

TODD JACKSON
CAPITAL REALTY ADVISORS, INC
600 SANDTREE DRIVE STE 109
PALM BEACH GARDENS, FL 33403

SUBJECT: CORPORATE COMMERCE CENTER CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000008332

We have received your document for CORPORATE COMMERCE CENTER
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):

CURRENT REGISTERED AGENT MUST BE LISTED ON FORM

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: 217A00017511

RECEIVED
17 SEP 22 AM 10:28
DIVISION OF STATE
REGISTRATION & CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Commerce Center Condominium Association Inc.
Name of Corporation

DOCUMENT NUMBER: N06000008332

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:

Todd Jackson

Name of Contact Person

Capital Realty Advisors, Inc.

Firm/Company

600 Sandtree Drive, Suite 109

Address

Palm Beach Gardens, FL 33403

City/State and Zip Code

coconnell@cra.email

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

For further information concerning this matter, please call:

Charles Simon

Name of Contact Person

at (561) 320-0230

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: Corporate Commerce Center Condominium Association, Inc.

2. The principal office address: _____

3. The mailing address (if different): c/o Capital Realty Advisors, Inc.
600 Sandtree Drive, Suite 109, Palm Beach Gardens, FL 33403

4. Date of incorporation/qualification: 11/04/2014 Document number: N06000008332

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)

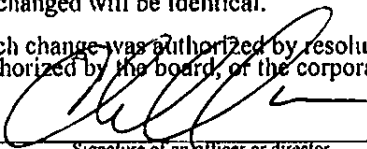
Charles Simon
5155 Corporate Way, Suite E
Jupiter, FL 33458

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

Capital Realty Advisors, Inc.
600 Sandtree Drive, Suite 109
P.O. Box NOT acceptable
Palm Beach Gardens, FL 33403

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

Charles Simon President

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.



Signature of Registered Agent

8/15/17

Date

If signing on behalf of an entity:

Todd M. Jackson

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
CR2E045 (03/12)

FILED
SEP 22 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA