

NO6 000000 8398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

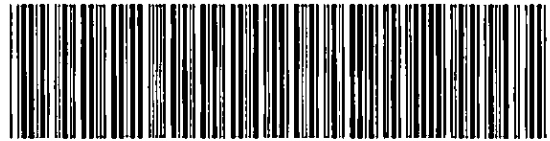
(Business Entity Name)

(Document Number)

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2020 MAY -4 AM 8:50

R/AT-26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amelia Place Condominium Association Inc.
Name of Corporation

DOCUMENT NUMBER: N06000008398

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:

Charlie Orden

Name of Contact Person

RE/MAX Town Centre

Firm/Company

P.O. Box 2593

Address

Orlando FL 32802

City/State and Zip Code

charlieorden @rtcglobal.net

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

For further information concerning this matter, please call:

Renee Burrus

at

(407

) 924-1222

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

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 FL Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Amelia Place Condominium Association, Inc.
2. The principal office address: 330 E Central Blvd , Orlando FL 32801
3. The mailing address (if different): P.O. Box 2593 Orlando FL 32802
4. Date of incorporation/qualification: 08/08/2006 Document number: N06000008398
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)

First Capital Property Group , inc

1516 E Hillcrest St ste 210

Orlando FL 32803

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

RE/MAX Town Centre

330 E Central Blvd

P.O. Box NOT acceptable

Orlando FL 32801

2020 MAY -4 AM 8:49

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]
Signature of an officer or director

Pedro Armenteros p
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]
Signature of Registered Agent

4-22-2020
Date

If signing on behalf of an entity:

RE/MAX Town Centre
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 (04/13)