## N06000010/19

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
. (Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	_	_
(Bi	siness Entity Nam	19)
. (50	omess Emily Nam	,0,
(Do	cument Number)	
(33		
Certified Copies	Certificates	of Status
	_	
<u> </u>		******
Special Instructions to	Filing Officer:	
		1
		j

Office Use Only



100101578641 PAchange

05/07/07--01066--021 \*\*35.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: BRYAN DAIRY PLACE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

**DOCUMENT NUMBER: N06000010119** 

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:

Ricardo A. Rois (Name of Contact Person)

Ricardo A. Roig P.A.

4023 N. Armenia Avenue, Juite 400 (Address)

Tampa FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (813) 876-0088 (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

CR2E045(8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\,$ . FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 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.

<ol> <li>The name of the corporation: Bryan Dairy Place Condominium Association, Inc.</li> <li>The principal office address: 6701 Bryan Dairy Road, Largo, Florida 33777</li> </ol>
3. The mailing address (if different):
<ul> <li>4. Date of incorporation/qualification: 09/26/2006 Document number: N06000010119</li> <li>5. The name and street address of the current registered agent and registered office on file with the Florida Department of State.</li> </ul>
ROGER A, LARSON
911 CHESTNUT STREET
CLEARWATER, FLORIDA 33756
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  Ricardo A. Roig  4013 N. Armenia Avenue Suite 400 Bm  (P.O. Box NOT acceptable)  Tampa, F.L. 32607
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)  Signature of an officer or director)  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)  Members  (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in the 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
If signing on behalf of an entity:
(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(8/05)