## N06000011787

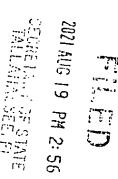
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A. Butter

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	•
SUBJ	ECT: Old Clearwater City Flats Condomini	ium Association. Inc.
Name	of Corporation	
DOCI	UMENT NUMBER: N06000011787	
The er	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
	I J. Greenberg, Esq.	
Name	of Contact Person	
Cianfi	one, Nikoloff, Grant & Greenberg, P.A.	
Firm/0	Company	
1964	Bayshore Boulevard, Suite A	
Addre	SS	<del></del>
Dune	lín, Florida 34698	
City/S	tate and Zip Code	
	grosetti@resourcepropertyn	ngmt.com
E-mai	il address: (to be used for future annua	al report notification)
For fu	rther information concerning this matter,	please call:
Danie	LJ. Greenberg, Esq.	at (727 ) 738-1100 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	ransminute, 1 & Jay 1 1	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this lege is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the Mark of Florida.
	te corporation: Old Clearwater City Flats Condominium Association Inc. 1997 GF STATE
2. The principal of	office address: 7300 Park Street, Seminole, Florida 33777 IALLAHAUSEE, FL
3. The mailing ad	dress (if different): N/A
4. Date of incorpo	pration/qualification: 11/13/2006 Document number: N06000011787
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Christic Jones, P.A.
_	2964 Kenilwick Drive
_	Clearwater, Florida 33761
6. The name and : (if changed):	street address of the new registered agent (if changed) and /or registered office
_	Cianfrone, Nikoloff, Grant & Greenberg, P.A.
	1964 Bayshore Boulevard, Suite A
_	P.O. Box NOT acceptable
_	Dunedin, Florida 34698
The street addres	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Mark	of an officer of director  Mark R Demyer  Printed or typed name and title
I hereby accept the light further agree to offer the further agree to further the further to the further the furth	ne appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete performance. I am familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
<i>.</i>	8/13/21
Signa	ture of Registered Agent Date
lf signing on beha	alf of an entity:
Daniel J. Greenber	g, Esq.
Турс	ed 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)