

NO600000/2658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

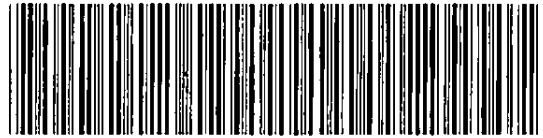
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200434829652

PA & RO change

08/29/24--01006--007 **35.00

FILED
2024 AUG 29 AM 8:32
CLERK OF STATE
STATE OF MISSISSIPPI

A. RAMSEY
SEP 13 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Strada Condominium Association Inc.
Name of Corporation

DOCUMENT NUMBER: N06000012658

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:

Joyce Sissum

Name of Contact Person

Guest Services

Firm/Company

9115 Strada Place

Address

Naples, FL 34108

City/State and Zip Code

strada.gm@guestservices.com

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

For further information concerning this matter, please call:

Joyce Sissum

Name of Contact Person

at (239) 877-2679

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

**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: The Strada Condominium Association Inc.
2. The principal office address: 9115 Strada Place, Naples, FL 34108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/11/2006 Document number: N06000012658
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)

Donald S. Boyd Cowan Boyd PLLC

4850 Tamiami Trail Suite 301

Naples, FL 34103

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

CT Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Roger Nelson
Signature of an officer or director

Roger Nelson, 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.

Laura Broderick
Signature of Registered Agent

Laura Broderick - Asst. Secretary

8/14/2024

Date

If signing on behalf of an entity:

CT Corporation System

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)

FILED
2024 AUG 29 AM 8:32
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA