

ND600000 12958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

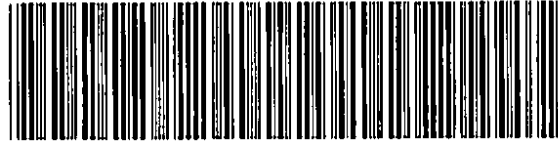
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000373540160

2021 SEP 17 10:01 AM

RECEIVED

2021 SEP 17 AM 11:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R WHITE

SEP 17 2021

COVER LETTER

TO:- Amendment Section
Division of Corporations

SUBJECT: ORLEANS PARK CONDOMINIUMS ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N06000012958

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:

M DENISE BISHOP

Name of Contact Person

Firm/Company

715 N CALHOUN ST. #2

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

mdbishop@comcast.net

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

For further information concerning this matter, please call:

DENISE BISHOP

Name of Contact Person

at (850) 212-8208

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: ORLEANS PARK CONDOMINIUMS ASSOCIATION, INC
2. The principal office address: 715 N CALHOUN ST #2 TALLAHASSEE, FL 32303
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 12/20/2006 Document number: N06000012958
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)

Resigned

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

M DENISE BISHOP

715 N CALHOUN ST #2

P.O. Box NOT acceptable

TALLAHASSEE, FL 32303

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.

Margot Renee Berg
Signature of an officer or director

Margot Denise Bishop
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.

Margot Reuse B. J.
Signature of Registered Agent

Margot Denise Bishop

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)