

NO7000003672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

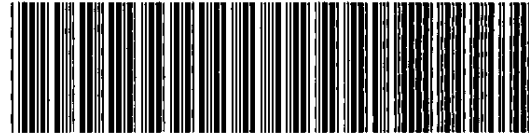
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500185332115

09/30/10--01009--009 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 SEP 30 AM 8:01

RA/R0/ch8  
@ 10.1.10

**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: NATURE COAST CENTRAL STORAGE CONDOMINIUM
2. The principal office address: 10173 N. SUNCOAST BLVD.  
CRYSTAL RIVER, FL 34428
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/10/2007 Document number: N07000003672
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  
Roger A. Larson  
911 Chestnut St. Clearwater, FL 33756

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

GERALD MINOR  
10173 N. SUNCOAST BLVD.  
P.O. Box NOT acceptable  
CRYSTAL RIVER, FL 34428

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.

Charles S. McLaughlin  
Signature of an officer or director

Brian S. McLaughlin, Secretary  
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.

Gerald Minor  
Signature of Registered Agent

9/24/10  
Date

If signing on behalf of an entity:

GERALD MINOR  
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)

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
10 SEP 30 AM 8:07