

N070000004824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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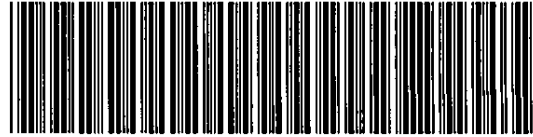
(Business Entity Name)

(Document Number)

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SEP 19 2014

T. CARTER

R/Ko change

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PATIO DE LEON I CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N07000004824

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:

**Dominik Goertz**

Name of Contact Person

Presidente- Patio de Leon I Condominium Association, Inc.

Firm/Company

**1552 Carson St**

Address

**Fort Myers FL 33901**

City/State and Zip Code

**dominik@meta-grp.com**

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

For further information concerning this matter, please call:

**Lecsy Gonzalez**

Name of Contact Person

at ( **239** ) **2055264**

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

**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: PATIO DE LEON I CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 2230 First St  
Fort Myers FL 33901

3. The mailing address (if different): PO BOX 101171  
CAPE CORAL FL 33910

4. Date of incorporation/qualification: 05/14/2007 Document number: NO7000004824

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)

C/O BAYLINER PROPERTIES LLC

2162 Victoria Ave Suite 305

Fort Myers FL 33901

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

Dominik Goertz

1552 Carson St

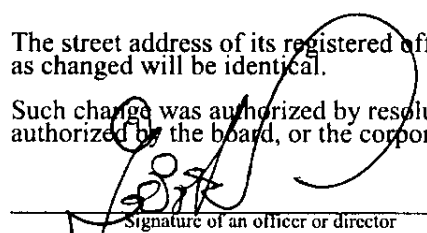
P.O. Box NOT acceptable

Fort Myers FL 33901

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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

Dominik Goertz - 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

09-19-14  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

  
\_\_\_\_\_  
Typed or Printed Name

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