

NO 7000008732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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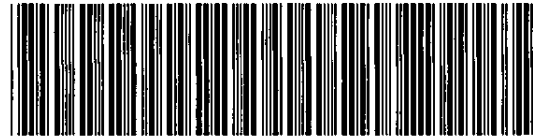
(Business Entity Name)

(Document Number)

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@ 10/23/12



October 18, 2012

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Registered Agent Change Forms for the Residences at Coconut Point

Dear Sir or Madam:

I have enclosed for recording a Statement of Change of Registered Office and Registered Agent for the Following Corporations:

- The Residences at Coconut Point Master Association, Inc.
- The Residences at Coconut Point I Condominium Association, Inc.
- The Residences at Coconut Point II Condominium Association, Inc.
- The Residences at Coconut Point III Condominium Association, Inc.
- The Residences at Coconut Point IV Condominium Association, Inc.

Also enclosed is a check in the amount of \$175.00, representing the \$35 filing fee for each registered agent change mentioned above. Thank you for your prompt attention to effectuate the change in Registered Agent and Office. Please feel free to contact me or my assistant Sarah Servant, at (239)687-3936, if you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven J. Adamczyk'.

Steven J. Adamczyk, Esq.

SJA/ss
Enclosures

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 Residences at Coconut Point II Condominium Association, INC.
2. The principal office address: 23159 Angeli Way #318
Estero, FL 33928
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Sept 5, 2007 Document number: N07 00000 8732
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):

Goede & Adamczyk, PLLC

8950 Fontana Del Sol Way, Suite 100

P.O. Box NOT acceptable

Naples FL 34109

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.

Andrea C. Jacoby Andrea Jacoby CAM
Signature of an officer or director 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.

Steven J. Adamczyk
Signature of Registered Agent

10-17-12
Date

If signing on behalf of an entity:

Steven J. Adamczyk
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 (03/12)