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of 10/2/2011

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195
	REFERENCE : 730333 7404935
	AUTHORIZATION: Spelle Rec
	COST LIMIT : \$ 35.00
ORDER DATE :	June 7, 2022
ORDER TIME :	2:21 PM
ORDER NO. :	730333-081
CUSTOMER NO:	7404935
	CHANGE OF AGENT
NAME:	PARCEL 302 CONDOMINIUM ASSOCIATION, INC.

CONTACT	PERSON:	Alexxis	Weiland		EXT#	
				EX	AMINER:	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 nge is submitted for a c r to change its registere	orporation organi	zed under the lav	ws of the	State of FL_		
1. The name of t	he corporation: PARCE	L 302 CONDOMII	NIUM ASSOCIA	TION, IN	۱C.		
	office address: 403 Cor						
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification: _	12/13/2007	Document	number:	N070000119	75	
	I street address of the cu tment of State: (If resig			ed office	on file with the	.	
	CT Corporation Syste	em					
	1200 South Pine Island Road					2022	
	Plantation		FL	33324		MUL	
6. The name and (if changed):	street address of the ne	ew registered agen	t (if changed) and	d /or regi	stered office	10 AM 9:00	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	Corporation Service C	Company				9: 0	
	1201 Hays Street				LL)	õ	
		P.O Box	NOT acceptable		_ 		
	Tallahassee		FL	32301			
The street addre	ess of its registered offi be identical.	ce and the street a	ddress of the bu	isiness of	ffice of its regi	istered a	agent,
Such change wa authorized by th	is authorized by resolute board, or the corpora	tion duly adopted ation has been not	by its board of c ified in writing o	directors of the cha	or by an office ange.	er so	
X_{i}	e & GOM	L	JILL CILMI		VIC	CE PRE	SIDENT
Mghatu	e of all-officer or difector		Print	ed or typed	name and title		
I furthe r ag ree i of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to refle been notified in writin n Service Company	risions of all statu nd accept the oblig ct a change in the ng of this change.	l agree to act in tes relative to th gation of my pos registered offic	this cape te proper ition as t e addres	acity. and complete registered age. s, I hereby cor	perform nt. Or. ifirm the	nance if this at the
By: Dia	c. Z-Kuble		06/10/2022	_	 		
	nature of Registered Agent			Date	e e		
If signing on be	half of an entity:						
	BY, ASST VICE PRESI	DENT					
13	ived of Printed Name						

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