NU8 000000356

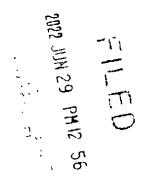
(Requestor's Name)
(Address)
(Address)
(ladiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Contillant Continue Contillantes of Clabus
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600390134166 PO Address Cha

06 29/22--01039--094 **85.00



A. RAMSEY SEP 27 ZUZZ

COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: PROFESSIONAL CENTER AT PALE Name of Corporation	:NCIA COMMONS CONDOMINIUM ASSO
DOCUMENT NUMBER: N08000000356	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sharleen Thompson-Messinese	
Name of Contact Person	
River City Management Services, Inc.	
Firm/Company	
P. O. Box 50886	
Address	
Jacksonville Beach, FL 32240	
City/State and Zip Code	
smessinese@rivercitymgmt.c	com
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, [please call:
Sharleen Thompson-Messinese	at 6904 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (904)930-4669 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: PROFESSIONAL CENTER AT PALENCIA COMMONS CONDOMINIUM ASSOCIATI
	office address: 1639 Beach Blvd., Jacksonville Beach, FL 32250
3. The mailing a	ddress (if different): P. O. Box 50886, Jacksonville Beach, FL 32240
	poration/qualification: 01/14/2008 Document number: N08000000356
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) River City Management Services, Inc. 1639 Beach Blvd. Jacksonville Beach, FL 32250 street address of the new registered agent (if changed) and /or registered office
	River City Management Services, Inc.
	1639 Beach Blvd.
	Jacksonville Beach, FL 32250
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	River City Management Services, Inc.
	910 11th Avenue S.
	P.O. Box NOT acceptable
	Jacksonville Beach, FL 32250
as changed will	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board or the corporation has been notified in writing of the change.
Mul	Jan DMAR FARHAT - DIRECTON
~	e of an officer or director Trimed of typed fame and the MESIDENT
I further agrée t of my duties, an docúment is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
pany	hature of Registered Agent 6 23/202. Date
If signing on be	half of an entity:
SUPPLY	an Messawyss gred or Printed Name

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