

Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE FLORIDA PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION,

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

C. LEWIS

SEP 4 2014

EXAMINER

RECEIVED

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N09000001423

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:

Diana Hernandez

Name of Contact Person

RealManage, LLC

Firm/Company

P.O. Box 803555 Suite 150

Address

Dallas, TX 75380

City/State and Zip Code

RegisteredAgent@ciramail.com

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

For further information concerning this matter, please call:

Diana Hernandez

Name of Contact Person

972

380-3522

at ()

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

CR2E045 (03/12)

**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: FLORIDA PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3175 CITRUS TOWER BOULEVARD, Suite A, CLERMONT, FL 34711
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/11/2009 Document number: N09000001423
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)

SAMMONS, ROBERT O
1556 6TH STREET SE
WINTER HAVEN, FL 33880

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324


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

Michael Jones, Vice 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.

C T Corporation System

 By: _____
 Signature of Registered Agent

9/2/2014

Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary
 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)

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