

NO9000001423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

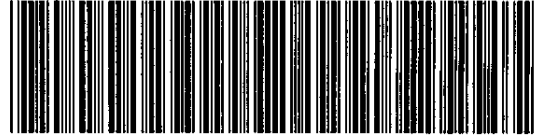
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 16 2016
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2016

CYNTHIA P. MORALES
CMH MANAGEMENT, LLC
P.O. BOX 570950
ORLANDO, FL 32857

SUBJECT: FLORIDA PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N09000001423

We have received your document for FLORIDA PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 416A00018487

9/4/2016

Please see corrected form.

Thank You,

*CMH Management
Cynthia P. Morales*

RECEIVED

SEP -8 PM 9:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

16 SEP -8 PM 9:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Professional Center Condominium, 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:

Cynthia P. Morales

Name of Contact Person

CMH Management, LLC

Firm/Company

P.O. Box 570950

Address

Orlando, FL 32857

City/State and Zip Code

cindy@cmhmanagement.com

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

For further information concerning this matter, please call:

Cynthia P. Morales

Name of Contact Person

at (**407**) **923-8308**

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: Florida Professional Center Condominium, Inc.

2. The principal office address: P.O. Box 570050 - Orlando, FL 32857

2944 Banchory Rd. Winter Park, FL 32792

3. The mailing address (if different):

4. Date of incorporation/qualification: August 8, 2008 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)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

CMH Management, LLC

2944 Banchory Road

P.O. Box NOT acceptable:

Winter Park, FL 32792

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] President
Signature of an officer or director

Bao Huynh
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.

Cynthia P. Morales
Signature of Registered Agent

August 8, 2016

Date

If signing on behalf of an entity:

Cynthia P. Morales

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
CR2F045 (03/12)