

N09000003936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

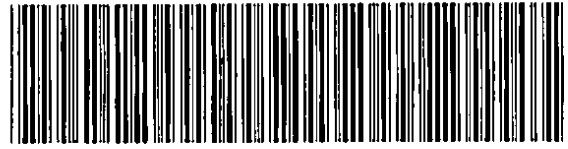
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



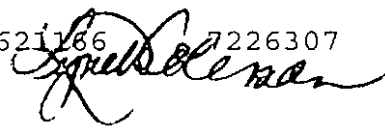
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2022 APR 15 PM 3:27

A. BUTLER

APR 18 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 621166 7226307  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : April 14, 2022  
ORDER TIME : 1:52 PM  
ORDER NO. : 621166-016  
CUSTOMER NO: 7226307  
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CHANGE OF AGENT

NAME: GULF COAST MEDICAL PARK  
COMMERCIAL CONDOMINIUM  
ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GULF COAST MEDICAL PARK COMMERCIAL CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 6660 TAYLOR ROAD UNIT 111 PUNTA GORDA, FL 33950
3. The mailing address (if different): 11780 U.S. Highway One Suite 305 North Palm Beach, FL 33408
4. Date of incorporation/qualification: 04/21/2009 Document number: N09000003936
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)

Waxman, Brian K

11780 U. S. Highway One Suite 305

North Palm Beach

FL 33408

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

FILED  
2022 APR 15 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Brian K. Waxman, 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.*

Corporation Service Company

By: Grace E. Kirby  
Signature of Registered Agent

04/15/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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 (04/13)