109000 3974

(Requestor's Name)	
(Address)	
(Áddress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
AUG 1 4 2023	

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COVER LETTER

TO: Amendment Section Division of Corporations	· .	
SUBJECT: Town Center One Condominium Association	n, Inc.	
Name of Corporation		
DOCUMENT NUMBER: N09000003974		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this man	tter to the following:	
Melissa Garcia		
Name of Contact Person		
Gursky Ragan, PA		
Firm/Company		
2 S Biscayne Blvd, Suite 3570		
Address		
Miami, FL 33131		
City/State and Zip Code		
Eligonzalez@kwpmc.com		
E-mail address: (to be used for future annual report notification)		
1		
For further information concerning this matter, please	se call:	
Melissa Garcia	at (786)369-8879 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:	Street Address:	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

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: Town Center One Condominium Association, Inc.
2. The principal office address: 8950 SW 74th Court, Suite 100, Miami, FL 33156
3. The mailing address (if different): c/o KWPMC, 8200 NW 33rd St, Suite 300, Miami FL 33122
4. Date of incorporation/qualification: 04/24/09 Document number: N0900003974
5. The name and street address of the current registered agent and registered office on file with theFlorida Department of State: (If resigned, enter resigned)
Gursky, Darrin
141 NE 3rd Ave, 5th Floor
Miami, FL 33132
6: The name and street address of the new registered agent (if changed) and /or registered office (if changed): Gursky Ragan, PA
Gursky Ragan, PA
2 S Biscayne Blvd, Suite 3570
P.O. Box NOT acceptable Miami, FL 33132
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 me corporation has been notified in writing of the change.
finder Gierra
Signature of an officer or director Printed or typed name and title
Thereby accept the appointment as registered agent and agree to act in this capacity. Infurther 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.
6/25/23
Signifiant Date If signing on behalf of an entity:
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)