0900010785

(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:						
Special instructions to Filing Officer.						
j						

Office Use Only



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310/14/3022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: October 12, 2022		Account#: 1200000000088		
Name: David S	hulman			
Reference #:				
Entity Name: SPACE	BOX PALMETTO GARAGE	CONDOMINIUM ASSOCIATION, INC.		
Articles of Incorpo	oration/Authorization to T	ransact Business		
Amendment				
Change of Agent		ISSUES? CALL		
Reinstatement		David:		
☐ Conversion		850-270-0082		
Merger				
☐ Dissolution/Withd	rawal			
☐ Fictitious Name				
Other				
Authorized Amount:	\$35.00			
Signature:	David Shulman			

-1.212.947.7200

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

Pursuant to the provisions of sec statement of change is submitted				
in order to change its r	egistered office or register	red agent, or bot	th, in the State	of Florida.
1. The name of the corporation:	SPACEBOX PALMET	TO GARAGE (CONDOMINIC	IM ASSOCIATION, INC
2. The principal office address: 4901 Vineland Road, Suite			Road, Suite	350 .
Orlando		Florida		32811
3. The mailing address (if different	ent);			
4. Date of incorporation/qualification	ation: 11/06/2009	Document	number:	N09000010785
5. The name and street address of Florida Department of State: (f the current registered ag If resigned, enter resigned	ent and registere)	ed office on file	
	Schmutzler,	Kyle		uź2
	4901 Vineland Roa	d, Suite 350		2022 (-) ; 13
Orland	o Florida	3	32811	
6. The name and street address of (if changed):	F the new registered agent	(if changed) and	d/or registered	loffice
	COGENCY GLO	BAL INC.		<u> </u>
···	115 North Calhoun S		1	
т	P.O. Box NOT as allahassee	Florida	32301	
The street address of its registere as changed will be identical.	ed office and the street ad	dress of the bus	siness office o	fits registered agent,
Such change was authorized by authorized by the board, or the	solution duly adopted b	y its board of di led in writing o	rectors or by a fithe change.	an officer so
Signature of an officer of direct	or -	Kyle Schm	nutzler	DS
I hereby accept the appointment I further agree to comply with the performance of my duties, and I agent. Or, if this document is be hereby confirm that the corporat	as registered agent and a e provisions of all statute am familiar with and acc ing filed merely to reflect ion has been notified in v	igree to act in to s relative to the ept the obligation a change in the vriting of this cl	his capacity, e proper and co on of my positi e registered of hange.	omplete ion as registered fice address, l
Significant Comments	cont	10/	12/22	
If signing on behalf of an entity: Authory E. Ma Types or Printed Name		\$35 DO * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)