

NO9352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STA.
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imperial Christina Cove Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N09352

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:

Dr. Joseph Beardsley, AP-DOM
Name of Contact Person

Ancient Art of Healing
Firm/Company

6700 S Florida Ave Suite 5
Address

Lakeland, FL 33813
City/State and Zip Code

ICCCOA1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Joseph Beardsley, AP-DOM at (863) 860-6809
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Imperial Christina Cove Condominium Association, Inc.
2. The principal office address: 6700 S. Florida Ave, Suite 5 Lakeland, FL 33813
3. The mailing address (if different): P.O. Box 6701, Lakeland, FL 33807
4. Date of incorporation/qualification: 05/17/1985 Document number: N09352
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)

Parrish & Parrish CPAs
6700 S Florida Ave Suite 19
LAKELAND, FL 33813

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

Dr. Joseph Beardsley, AP-DOM
6700 S. Florida Ave. (Suite 5)
Lakeland, FL 33813

P.O. Box NOT acceptable

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.

X

Signature of an officer or director

Joseph Beardsley, President of the Board
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.

X

Signature of Registered Agent

12/08/2021

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)

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