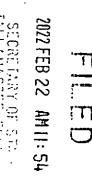
N09352

Office Use Only



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02/22/22--01019--023 **35.00



COVER LETTER

TO:	Amendment Sections Division of Corporations		
	ĕ •	• •	
SUBJ Name	ECT: Imperial Christina Cove Condominium of Corporation	1 Association, Inc.	
DOC	UMENT NUMBER: N09352		
The en	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this	s matter to the following:	
Dr. Jo Name	seph Beardsley, AP-DOM of Contact Person		
	nt Art of Healing		
	Company		
6700 : Addre	S Florida Ave Suite 5		
Lakel	and, FI 33813		
City/S	and, F1 33813 State and Zip Code		
	ICCCOA1@gmail.com		
E-ma	il address: (to be used for future annua	al report notification)	
For fi	orther information concerning this matter,	please call:	
	•	,	
Dr. Jo	Name of Contact Person	at (863) 860-6809 Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the	: Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Amenament Section Division of Corporations	
	P.O. Roy 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Statute 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
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	2022 F SECI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Dr. Joseph Beardsley, AP-DOM	AH II: 5
6700 S. Florida Ave. (Suite 5)	<u>्</u> र
P.O. Box NOT acceptable	*
Lakeland, FL 33813	
The street address of its registered office and the street address of the business office of its regias changed will be identical.	stered agent
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the comporation has been notified in writing of the change.	er so
Joseph Beardsley, President of the Board Printed or typed name and title	<u> </u>
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 of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address, I hereby concorporation has been notified in whiting of this change.	performanc nt. Or, if thi ifirm that th
12/08/2021	
(Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *