## N09465

(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:	
Q. SILAS	
JUL 2 6 2022	
[	

Office Use Only



000387908460

05/23/22--01007--018 \*\*35.00



## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dan's Island 1600 Condominium Associatio Name of Corporation	n, Inc.
Name of Corporation	
DOCUMENT NUMBER: N09465	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
David J. Lopez	
Name of Contact Person	
David J. Lopez, P.A.	
Firm/Company	
201 E. Kennedy Blvd., Suite 775	
Address	
Tampa, FL 33602	
City/State and Zip Code	
david@davidlopezpa.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	
David Lopez	at (813 ) 229-0160 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment 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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida or to change its registered affice or registered agent, or both, in the State of Florida.
	the corporation:  Dan's Island 1600 Condominium Association. Inc.
2. The principal	office address: 1650 Gulf Blvd., Clearwater Reach, FL 33767
3. The mailing a	nddress (if different):
1. Date of incorp	poration/qualification: 05/24/1985 Document number: N09465
	I sneet address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	James R. De Furio, P.A.
	201 E, Kennedy Blvd., Suite 775
	Tampa, F1. 33602
5. The name and (if changed):	Tampa, F1. 33602  Street address of the new registered agent (if changed) and for registered office  SSO
	David J. Lopez, P.A.
	201 F. Kennedy Blvd., Suite 775
	P.O. Box. NOT acceptable
	Tampa, FL 33602
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa luthorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so ite board, or the corporation has been notified in writing of the change.
· Mm.	James H. Resser, President
Signatu	**
hereby accept furthér agree t of my duties, an locument is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
	JJ 92 5/19/22
Sign	nature of Regenered agent
<i>ኅ</i> ኘ	hatt of an entity:
CVIC	sped 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)