N10096

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COVER LETTER

Amendment Section Division of Corporations

TO:

Mandarin Glen Condominium Associat	ion Inc
SUBJECT: Mandarin Glen Condominium Associat Name of Corporation	ion, me.
DOCUMENT NUMBER: N10096	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kishwa Milliner	
Name of Contact Person	
Floridian Property Management	
Firm/Company	
414 Old Hard Road. Suite 502	
Address	
Fleming Island, FL 32003	
City/State and Zip Code	
Kishwa@fpm.company	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
Kishwa Milliner	at (904)592-4090 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: 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

Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organ in order to change its registered office or registe	ized under the laws of the State of Florida
1. The name of the corporation: Mandarin Glen Condomin	nium Association, Inc.
2. The principal office address: 414 Old Hard Road, Suite 5	502 Fleming Island, FL 32003
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7/19/1985	Document number: N10096
The name and street address of the current registered a Florida Department of State: (If resigned, enter resigne	
(resigned) Spectrum Realty Services, LLC	
9803 Old St. Augustine Road, Suite I	
Jacksonville,FL 32257	
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office
Floridian Property Management	
414 Old Hard Road, Suite 502	p: 2
P.O. Box Fleming Island, FL 32003	NOT acceptable
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	
Stace A. Butter Signature of an officer or director	GRACE A. Butlee Seen Yang / T.
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all statt of my duties, and I am familiar with and accept the obli document is being filed merely to reflect a change in th corporation has been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of mv position as registered agent. Or, if this e registered office address, I hereby confirm that the
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
CR2E045 (04/13)

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