

N10643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

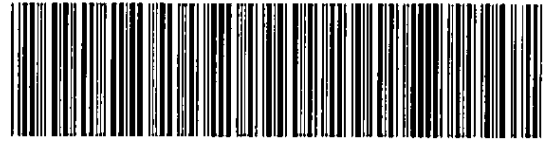
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SECRETARY OF STATE
TALLAHASSEE, FL

R/D-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Bluffs of Sebring Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N10643

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:

Chad Lancaster

Name of Contact Person

The Bluffs of Sebring Condominium Association

Firm/Company

6750 U.S. 27 N

Address

Sebring, FL 33870

City/State and Zip Code

manager6750@gmail.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Lancaster

Name of Contact Person

at (863) 382-9393

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: The Bluffs of Sebring Condominium Association, Inc.
2. The principal office address: 6750 U.S. Hwy 27 North, Management Office, Sebring, FL 33870-1262
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/12/1985 Document number: N10643
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)

Becker & Poliakoff, P.A.

6230 University Parkway, Suite 204

Sarasota, FL 34240

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

Becker & Poliakoff, P.A.

1819 Main Street, Suite 905

P.O. Box NOT acceptable

Sarasota, FL 34236

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TALLAHASSEE, FL

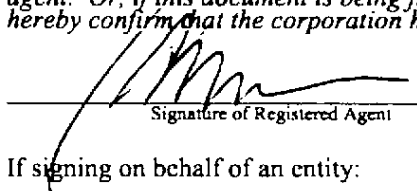
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Signature of an officer or director

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.


Signature of Registered Agent

6-26-19
Date

If signing on behalf of an entity:

Kevin L. Edwards, Esq.

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