

N12375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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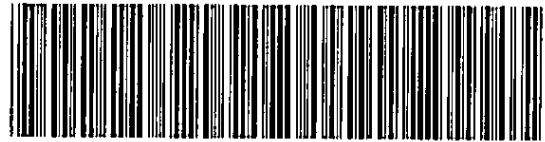
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL ANNUAL MEETING

A. RAMSEY

NOV 12 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE 800 PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N12375

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:

Melissia K. Gauthreaux

Name of Contact Person

Accounting Resources and Management Services

Firm/Company

P.O. Box 2065

Address

Dunedin, FL 34697

City/State and Zip Code

missy@youraccountingresource.com

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

For further information concerning this matter, please call:

Melissia K. Gauthreaux

Name of Contact Person

at (727) 491-5360

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

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.

- Accounting Resources and Management Services LLC
-
- 31105 US Hwy 19 N
-
- Palm Harbor, FL 34684

- 34921 US Hwy 19 N Ste 210
P.O. Box NOT acceptable
Palm Harbor, FL 34684

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.

Rose Overill, President

Signature of Registered Agent

10-25-21
Date

Typed or Printed Name _____

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

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WASHINGTON, D.C.
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