N12375

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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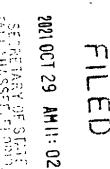
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10/29/21--01016--025 **170.00



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

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

For further information concerning this matter, please call:

Melissia K. Gauthreaux at (727) 491-5360

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

Dunedin, F1. 34697 City/State and Zip Code

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

=	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida	
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: THE 800 PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
2. The principal	office address: 804 North Belcher Road Clearwater, FL 33765	
3. The mailing a	ddress (if different): 802 North Belcher Road Clearwater, FL 33765	
4. Date of incorp	poration/qualification: 08/21/2014 Document number: N12375	
	strect address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Accounting Resources and Management Services LLC	
	31105 US Hwy 19 N	
	Palm Harbor, FL 34684	
6. The name and (if changed):	Palm Harbor, FL 34684 street address of the new registered agent (if changed) and /or registered office	
	34921 US Hwy 19 N Ste 210	
	P.O Box NOT acceptable	2
	Palm Harbor, FL 34684	
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
Signatur	Rose Overil President	
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance decomply with and accept the obligation of my position as registered agent. Or, if this ne filed merely to reflect a change in the registered office address, I hereby confirm that the peen notified in writing of this change. Date	
If signing on bel	· ·	
Ту	ped or Printed Name	

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