## N12833

(Requestor's Name)					
(Address)	<del>.</del>				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT M.	AIL				
(Business Entity Name)					
(Document Number)					
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AUG 3 1 2021

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations	
SUBJECT: Palm Beach Landings Condon	ninium Association, Inc.
Name of Corporation	
DOCUMENT NUMBER: N12833	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this i	matter to the following:
·	-
MARK OETZEL	
Name of Contact Person	
PALM BEACH LANDINGS CONDOMINIUM	ASSOCIATION, INC.
Firm/Company	<del></del>
2885 PALM BEACH BLVD.	
Address	
FORT MYERS, FLORIDA 33916	
City/State and Zip Code	
Manager@palmbeachlan	dings.com
E-mail address: (to be used for future annual	——————————————————————————————————————
For further information concerning this matter, pl	ease call:
MARK OETZEL	at ( 239 ) 334-2004
Name of Contact Person	at ( <u>239</u> ) <u>334-2004</u> 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

statement of cha	nge is submitted	for a corporation	(1,0802, 607,1308, or 617,1308) organized under the laws of the registered agent, or both, in the	e State of FLORIDA
1. The name of t	he corporation:	Palm Beach	Landings Condominium A	ssociation, Inc.
2. The principal	•	2885 Palm Be	ach Blvd., Fort Myers, FL 33	3916
3. The mailing a	ddress (if differe	nt):		
4. Date of incorp	oration/qualifica	ntion: 01/28/199	Document number	N12833
		f the current regis If resigned, enter r	ered agent and registered office esigned)	on file with the
	ROY MOLON	IEY		
	2885 PALM E	BEACH BLVD.,	FORT MYERS, FLORIDA 3	3916
6. The name and (if changed):	I street address o	f the new registere	ed agent (if changed) and /or reg	gistered office
	MARK OETZ	EL		
	2885 PALM E	BEACH BLVD., I	FORT MYERS, FLORIDA 3	3916 :
			P.O. Box NOT acceptable	
			street address of the business of	
Such change we authorized by the	is authorized by ne board, or the o	resolution duly a corporation has be	dopted by its board of director een notified in writing of the cl	
Signatur	re of an office-or dire	clor	PRESIDE Printed or type	N T d name and title
I further agree ( of my duties, an document is bei	o comply with to d I am familiar ng filed merely i	he provisions of a with and accept t		r and complete performance revistered agent. Or if this
			B·17-21	
If signing on be	nature of Resistered shalf of an entity	-	D;	nt.
Ту	ped 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 \* \* \*