N13343

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Oity/State/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



900171965459

03/22/10--01018---011 **35.00



or you

COVER LETTER

TO:	Amendmer Division of	t Section Corporations					
SUBJE	СТ:	VIKING CONDOMINI Name	UM ASSO	CIATION, II	NC.		
DOCUI	MENT NU	MBER:	N1334	3			
The enc	losed State	ment of Change of Registered	Office/Agent	and fee are subm	nitted for filing.		
Please r	eturn all co	respondence concerning this	matter to the f	ollowing:			
	JERRY D. BROOKS						
		Name o	of Contact Per	son			
	J BROOKS & ASSOCIATES, INC.						
			rm/Company		 		
	2804 DEL PRADO BLVD. S., #109						
			Address				
		CARE	ODAL EL C	12004			
	CAPE CORAL, FL 33904 City/State and Zip Code						
INFO@JBROOKSALCOM E-mail address: (to be used for future annual report notification)							
					,		
For furt	her informa	tion concerning this matter, pl	lease call:				
	J	ERRY BROOKS	at (239)	540-0163		
	Nan	ne of Contact Person	ar (<u></u>	rea Code & Day	540-0163 time Telephone Number	-	
Enclose	d is a \$35.0	0 check made payable to the D	Department of	State.			
		Mailing Address: Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment S Division of C Clifton Build 2661 Executi	Corporations	•	
				Tallahassee,	FL 32301		

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

statement of char	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Sto ganized under the laws of the State of <mark>Fl</mark> gistered agent, or both, in the State of Flo	ORIDA						
1. The name of the corporation: VIKING CONDOMINIUM ASSOCIATION, INC.									
2. The principal	office address: C/O J BROOKS &	& ASSOCIATES, INC.							
2804 DEL	PRADO BLVD. S., #109, CAF	PE CORAL, FL 33904							
3. The mailing ac	ddress (if different):								
4. Date of incorp	oration/qualification:	Document number:	N13343						
	street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with gned)	the						
	SUSAN M. KASE								
	77.8								
	615 CAPE CORAL PKWY.W	., #103,CAPE CORAL,FL 33904	O MA						
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered offic							
	JERRY D. BROOKS		PM 3: PM 3: FLOO						
	C/O J BROOKS & ASSOCIA	TES, INC.	: 26 ATE						
P.O. Box NOT acceptable									
	- · · · - ·	, #109,CAPE CORAL, FL 33904							
The street addre as changed will	ss of its registered office and the str be identical.	reet address of the business office of its	registered agent,						
Such change wa authorized by the	s authorized by resolution duly ado e board, or the corporation has beer	pted by its board of directors or by an on notified in writing of the change.	fficer so						
Gayel	e of art officer of director	CAROL UMBERGEI Printed or typed name and title	R, VP						
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this char	t and agree to act in this capacity. statutes relative to the proper and comp obligation of my position as registered n the registered office address, I hereby nge.	lete performance agent. Or, if this confirm that the						
jean	NEwow	MARCH 15, 201	0						
	nature of Registered Agent	Date							
If signing on bel	nait of an entity:								
	RRY D. BROOKS								

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