NIHCUCCIU478

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2017 OCT 3/ PA 4.5.

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 891624 4709638

AUTHORIZATION : Spell Sle man

COST LIMIT : (\$\\354.00

ORDER DATE: October 31, 2017

ORDER TIME : 2:38 PM

ORDER NO. : 891624-005

CUSTOMER NO: 4709638

CHANGE OF AGENT

NAME: THE RIALTO COMMERCIAL

CONDOMINIUM ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida	_
in ord	er to change its registered office of	r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: THE RIALTO CO	DMMERCIAL CONDOMINIUM ASSOCIATION, INC.	
		nington Street, Newton MA 02462	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 11/13/201	4 Document number: N14000010478	
5. The name an Florida Depa	d street address of the current regi- artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	F & L CORP.		1
ONE INDEPENDENT DRIVE SUITE 1300			
	JACKSONVILLE, FL 32202	·	
6. The name and (if changed):	1811 OCT 31		
	Corporation Service Company 1201 Hays Street		(3) 3 de 1
P.O. Box NOT acceptable			2
	Tallahassee	FL 32301	1 PH 4: 50
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered ager	nt,
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	
Best	TH. KUMPLLY ure of an officer or director	Beth H. Kinsley, Asst. Secretary	!
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change. Asst.	anne Turner Vice President
·	chalf of an entity:	Date	
-1 Signing On Oc	man of all citily;		
T	yped or Printed Name		1
	* * * FILIN	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)