M15562

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer.		
	J. HC)RNE
	AUG -	9 2023
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COVER LETTER

TO: Amend Division	Iment Section on of Corporations		
SUBJECT:	asa Mar Condominical Diration	m Association, Inc	
DOCUMENT	NUMBER: <u>V15562</u>		
The enclosed S	Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return a	Il correspondence concerning this matt	ter to the following:	
Faula Name of Conta Mitchell Firm/Company 909 Call Address	Mitchell Act Person HASSOCIATION MANAGE HEMEN Rd. Zip Code Paula O mitchel	enent droup	
Sarasott	1 FL 34232		
City/State and E-mail addres	Zip Code Paula O miteles ss: (to be used for future annual rep	ISRQ. Com ort notification)	
For further info	ormation concerning this matter, please	e call:	
Paula	Name of Contact Person	at (941) 870-2300 Area Code & Daytime Telephone Nu	ımber
Enclosed is a \$	335.00 check made payable to the Dep	artment of State.	
Ā	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

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.
1. The name of the corporation: Casa Mar Condoninum Association, (nc.
2. The principal office address: c/o surchen Association Management group, closed a sold and the
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/30/1986 Document number: _N/5562
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Regiano D
the con- year
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Mifchest Association Management broughts 23 909 Cottlemen Rd P.O. Box NOT acceptable
Sorisota, Fl 34232
The street address of its registered office and the street address of the business office of its registered agent,
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. Signature of an officer or director Signature of an officer or director
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
Signature of Registered Agent SD6/23
If signing on behalf of an entity:
Sindy Nagel
Typed or Printed Name * * * FTI INC FFE. 675.00 a + +
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)