N1700000	3251	
(Requestor's Name) (Address) (Address)	000352221990	
(City/State/Zip/Phone #)	03/30/2001012006 **35.00	
(Document Number) ertified Copies Certificates of Status		
Special Instructions to Filing Officer:	ARCICHY	
	NOV 0 6 2020 I ALBRITTON	

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Jennifer Horan Shareholder Board Certified Attorney, Condominium and Planned Development Law Phone: 239,552,3203 Fax: 239,263,1633 JHoran@beckerlawyers.com



Becker & Poliakoff Northern Trust Building 4001 Tamiami Trail North, Suite 270 Naples, FL 34103

September 23, 2020

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent for Altaira at the Colony Condominium Association. Inc. Document Number N17000003257 Client/Matter No. A27219-398575

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations, along with a check in the amount of \$35.00 for the filing fee.

Should you have any questions, please feel free to contact me.

Sincerely.

gennifer Horan

Jennifer L. Horan, Esquire Shareholder For the Firm

JLH/mb Enclosures (as stated)

www.beckerlawyers.com

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

. •

	e corporation: <u>Altaira at the Colony</u> ffice address: <mark>4800 Pelican Colony B</mark>		
3. The mailing ad	dress (if different):	······	
4. Date of incorporation/qualification: 3/24/2017 Document number: N17000003257			
	areet address of the current register ment of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
c/o K 8200	AIRA AT THE COLONY CONDOMINI W Property Management & Consultir NW 33rd Street ii, FL 33122	UM ASSOCIATION, INC	20-1
6. The name and s (if changed):	treet address of the new registered.	agent (if changed) and /or registered office	11112: 54
1	Becker & Pohakoff, P.A.		192
-	001 Tamiami Trail North, Suite 270		5
-	P.C	Box NOT acceptable	
1	laples, FL 34103		
The street address as changed will b	s of its registered office and the str e identical.	eet address of the business office of its regis	stered agent.
Such change was authorized by the	authorized by resolution duly ado board, or the corporation has been	nted by its board of directors or by an office notified in writing of the change.	r 80
HAND		Michael Smolenski, President	
	of su officer or director	Printed or typed name and tille	
	w appointment as registered agen comply with the provisions of all : I am familiar with and accept the giled merely to reflect a change is been notified in writing of this char with L. HOVOM	t and agree to act in this capacity.— statutes relative to the proper and complete obligation of my position as registered agen in the registered office address, I hereby conj age.	performance u. Or, if this firm that the
U ·	0	9/23/2020	
Signa	ute of Registered Agent	Date	
If signing on beha	if of an entity:		
Jennifer L. Horan,	Esquire		

Typed or Printed Name

* * * 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)