

NI70000 11300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

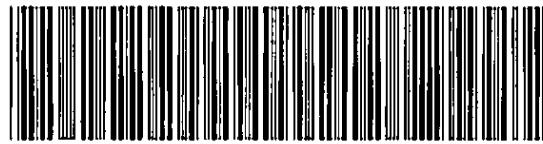
(Business Entity Name)

(Document Number)

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JUL 31 2019

SECY. OF STATE  
DIV. OF BUSINESS  
REGISTRATION

2019 JUL 25 AM 10:21

**FILED**

*LR CH*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE LANDINGS AT WINDRUSH CONDOMINIUM ASSOCIATION INC  
Name of Corporation

**DOCUMENT NUMBER:** W17000011300

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAGOY ABDELHAMEED  
Name of Contact Person

THE LANDINGS AT WINDRUSH CONDOMINIUM ASSOCIATION INC  
Firm/Company

100 WINDRUSH BLVD Address  
INDIAN ROCKS BEACH FL 33785  
City/State and Zip Code

ALEXANDRIA5662@GMAIL.COM ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGOY ABDELHAMEED at (608) 219 3886  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: THE LANDINGS AT WINDRUSH CONDOMINIUM ASSOCIATION
2. The principal office address: 100 WINDRUSH BLVD  
INDIAN ROCKS BEACH FL 33785
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11-09-2017 Document number: N17000011300
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)

JOHN HARRIS  
100 WINDRUSH BLVD  
INDIAN ROCKS BEACH FL 33785

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BRIAN MOREHEAD  
100 WINDRUSH BLVD  
P.O. Box NOT acceptable  
INDIAN ROCKS BEACH FL 33785

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SECRETARIAT OF STATE  
TALLAHASSEE, FL

**FILED**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Magdy Abd El Hamid  
Signature of an officer or director

Magdy Abd El Hamid ✓  
Printed or typed name and title

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 corporation has been notified in writing of this change.

Magdy Abd El Hamid  
Signature of Registered Agent

7-22-19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)