# N18000012355

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE :

ORDER TIME : 10:09 AM

ORDER NO. : -005

CUSTOMER NO:

CHANGE OF AGENT

NAME: ARIAS CONDOMINIUM ASSOCIATION,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
Arias Condominium Association, Inc. SUBJECT:	
(Name of Corporation	on)
DOCUMENT NUMBER: N18000012355	<del></del>
The enclosed Resignation of Registered Agent for a Corporat	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
RESIGNATION DEPARTMENT	
(Name of Person)	
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	<del></del>
251 LITTLE FALLS DRIVE	
(Address)	Sec P
WILMINGTON, DE 19808	PH 6: 48
(City/State and Zip Code)	LE + <b>8</b>
For further information concerning this matter, please call:	
at (	927-9801
(Name of Person) (Area Code &	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

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

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2)	* * *
Florida Statutes, the undersigned. CORPORATION	SERVICE COMPANY
	(Name of Registered Agent)
hereby resigns as Registered Agent for Arias Conde	ominium Association, Inc.
netery resigns as registered regent for	(Name of Corporation)
N18000012355	
(Document Number, if known)	
A copy of this resignation was mailed to the abov	
The agency is terminated and the office discontinuthis statement is filed.	ued on the 31st day after the date on which
alixers Weilard-	Sienson, Aup
(Signature of R	esigning Agent)
If signing on behalf of an entity:	
BY ALEXXIS WEILAND-SORENSO	ON Signated Name)
(Typed or Pr	inted Name)
	ر منت
ASSISTANT VICE PRESIDENT	
(Сара	PM 6: 48

### Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314