N18284

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
TALL AHASSEF FLORIO

MAY 17 2017 CMCNAIR



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 9, 2017

Order#: 623632/010

Re: TAMIAIR BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	·FL
	•	SS CENTER CONDOMINIUM ASSOCI	
		Highway, #371859, Key Largo, FL 3303	
3. The mailing a	address (if different): P.O. Box 371	859, Key Largo, FL 33037	
4. Date of incorp	poration/qualification: 12/16/1986	Document number: N18284	
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file wesigned)	vith the
	Sanford N. Reinhard ESQ.		
	1290 Weston Road, Suite 201		75E 7
	Weston	FL 33326	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered of	Mice STALE
	Corporation Service Company		25 RRIB RRIB
	1201 Hays Street		ं
		x NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the s be identical.	treet address of the business office of it	s registered agent,
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of directors or by an en notified in writing of the change.	officer so
Xie	. E agnie		Vice President
I hereby accept I further agree to performance of lagent. Or, if this hereby confirm i	o comply with the provisions of all my duties, and I am familiar with a	Printed or typed name and tite int and agree to act in this capacity. It statutes relative to the proper and com and accept the obligation of my position by reflect a change in the registered office fied in writing of this change.	iplete i as registered
By: Lind	rou M. Lockand	05/08/2017	
	atuit of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Lindsey M. Lock	ard, Asst. Vice President		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *