N 19446

(Re	equestor's Name)	
(Ac	ddress)	
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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TO:

Amendment Section Division of Corporations

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SUBJECT: K.EFT To Col component	WM ASSOC. 7 NC		
DOCUMENT NUMBER: W / 944	6		
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:			
DONELL VRUITY			
Name of Contact Person			
PRULTITS PROPERTY MIANAGEMENT LINC Firm/Company			
Firm/Company			
4895 GARDNER LANE			
4895 CYARONER LA-NE Address			
LAKEWORTH FLORIDA 3346	<u>;</u>		
Address LAKELVORTH FLOKIDA 33463 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
De Carlos de Comparis a company de la mottan misma vella			
For further information concerning this matter, please call:			
Dewell (RU177 at 56/) 432 3076 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailina Address	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

AUG 19 2020

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: KENT I CV COLDER WAY ASSCONTION TACK
2. The principal office address: ITI FEAT IT.
u 657 PALIN Mich FL 33417
3. The mailing address (if different): 489.5 GARONER LANE LAICEWONTH FL 33463
4. Date of incorporation/qualification: <u>3/36/87</u> Document number: <u>N 19446</u>
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)
PICKER & POLIAKOST PA
625 P. FLAGLER DR 7th FL.
625 N. FLACLER DR 7th FL. (CESTIMONI BOLL FL 33401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): PULLITTS PROBERTS WITHOUTENT INC. THE
4845 CIAIZUVEIL LN LA-KEWGILTH, FL 33463 P.O. Box NOT acceptable
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.
Signature of an officer or director No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
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 potified in writing of this change.
Signature of Registered Agent Signature of Registered Agent
If signing on behalf of an entity:
DONELL PRUITT
* * * EILING EUG. \$25.00 * * *

* * * 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)