19950

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TALL AHASSET, FLORID



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HAMILTON PLACE II CONDOMINIUM ASSOC. OF TAMPA INCOME OF CORPORATION)
DOCUMENT NUMBER: N 19950
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:
RAYMOND J. CRONIN (Name of contact person) Conforminium Alliance Mingt. Corp. (Firm/Company)
218 E. BEARSS AVE PMB 241 (Address)
TAMPA To 33613 1625 (City/state and zip code)
For further information concerning this matter, please call:
RAY (RONIN at (813) 935-6633 (Name of contact person) (Area code & daytime telephone number)
Final grand is a \$25,00 should made marriable to the Department of Court

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 409 E. Gaines Street Tallahassee, FL 32399

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

	ange is submitted for a corporation organized under the laws of the State of FLORIDA
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: HAMILTON PLACE II CONFORMINIUM HSSCC OF JAMPA INC
2. The principal	office address: 606 S. ALBANY AVE SUITE Z
	Tampa, FL. 33606
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 4/2/87 Document number: N 19950
	I street address of the current registered agent and registered office on file with the timent of State:
Piorida Depar	Town Hollan
	9300 N. 16ST GCG S. Albany A.F. # G
	TAMOR FL 33612 TANPA, FL 22106
6. The name and	street address of the new registered agent (if changed) and /or registered office
(if changed):	CONDOMINIUM ALLIANCE MINGT, CORP SET
	13309 WINDING OAK GT STE "B" FE F
	TAMPA FLORIDA 33612
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such chafige wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board of the change.
	HAU Hella sat TREA (Printed or typed name and title)
I hereby accent	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
4 Cayma	arel 1 Cran 8/26/04
V	nature of Registered Agent) (Date)
If signing on bel	half of an entity:
Kaymor	yped or Printed Name)
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* * * FILING FEE: \$35.00 * * *