

N20000002624

(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:

J. HORNE

JUL 27 2023

7/20

Office Use Only



300404129723

08/15/21 01927--015 \*\*25.00

07/20/23--01927--005 \*\*10.00

SECRET  
TALLAHASSEE

2023 JUL 20 11

10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2023

BRYAN MOROAN  
11157 STATE RD 70 E  
LAKEWOOD RANCH, FL 34202 US

SUBJECT: SR70 DENTAL PARK CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N20000002624

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 423A00012508

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SR70 DENTAL PARK CONDOMINIUM ASSOCIATION, INC  
Name of Corporation

DOCUMENT NUMBER: N20000002624

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:

BRYAN MORGAN  
Name of Contact Person

SR70 DENTAL PARK CONDOMINIUM ASSOCIATION, INC  
Firm/Company

11157 STATE RD 70 E  
Address

BRADENTON, FLORIDA 34202  
City/State and Zip Code

bjmorg5@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN MORGAN at ( 772 ) 360-7731  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: SR70 DENTAL PARK CONDOMINIUM ASSOCIATION, INC  
2. The principal office address: 11157 Stat Rd 70 E  
BRADENTON, FL 34202

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/19/2019 Document number: N20000002624

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)

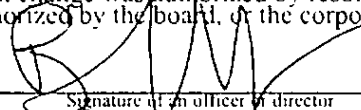
SEQ PROPERTY LAW, PLLC  
1800 2nd St, #998  
SARASOTA, FL 34236

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

BRYAN MORGAN  
11157 Stat Rd 70 E  
P.O. Box NOT acceptable  
BRADENTON, FL 34202

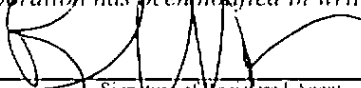
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

BRYAN MORGAN - OWNER  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

7/10/2023  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

BRYAN MORGAN  
\_\_\_\_\_  
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 (04/13)