N21000007577

(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:
Special instructions to Filmig Officer.

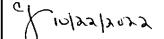




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07/25/22--01022--022 **85.00

2022 JFT: 25 | FH 9: 30



COVER LETTER

Amendment Section Division of Corporations

TO:

Name of Corporation	<u> </u>
Thank or corporation	
DOCUMENT NUMBER: N21000007577	_
The enclosed Statement of Change of Registered G	Office/Agent and fee are submitted for filing
Please return all correspondence concerning this n	natter to the following:
_	
Len Wilder	
Name of Contact Person	
Associated Corporate Services, LLC	
Firm/Company	
6111 Broken South Parkway NW, Suite 200	
Address	
Boca Raton, FL 33487	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
lwilder@ssclawfirm.com	
E-mail address: (to be used for future annual r	eport notification)
Face when the last control of the last control	
For further information concerning this matter, ple	ease caii:
Len Wilder	at (561) 237-6844 Area Code & Daytime Telephon
Name of Contact Person	Area Code & Daytime Telephon

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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of Florid er to change its registered office or registered agent, or both, in the State of Florid	a
	the corporation: Gold Key Condo Association, Inc.	и.
	office address: 8911 NW 19th Street, Coral Springs, FL 33071	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/22/21 Document number: N21000007577	t
	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	:
	Bakalar and Associates, P.A.	79.7 19.7
	12470-78 West Atlantic Boulevard	Zirzz Jrt. 25
	Coral Springs, FL 33071	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	14 9:
	Associated Corporate Services, LLC	30
	6111 Broken Sound Parkway NW, Suite 200	
	P.O. Box NOT acceptable	
	Boca Raton, FL 33487	
The street address changed will	ess of its registered office and the street address of the business office of its regi be identical.	stered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so
Signatur	From Pres For the corp Craig M Goodwin ;	Pres_
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete ad I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby consistent and accept the constant of this change.	performance nt. Or, if this afirm that the
Sign	nature of Registered Agent Date	
-	chalf of an entity:	
Len Wilder		
Ty	yped or Printed Name	

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