Division of Corporations Electronic Filing Cover Sheet

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(((H240001330493)))



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To:	Division of Corporations	202 4
	Fax Number : (850)617-6380	2024 APR Secreta
From:		15.2
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	
	Phone : (614)280-3338	
	Fax Number : (614)573-3996	
	the email address for this business entity to be unual report mailings. Enter only one email address	

REGISTERED AGENT CHANGE OFFICE/RETAIL 3 COMMERCIAL CONDOMINIUM ASSOCIATION

Certificate of Status	0
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A DELIMIS

From: Kaity Toon

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

statement of cho	inge is submitted for a corporation orgo	02, 607,1508, or 617,1508, Florida Statues, this mized under the laws of the State of _Florida
in orde	er to change its registered office or regi	stered agent, or both, in the State of Florida.
1. The name of	the corporation: OFFICE/RETAIL 3 CO	MMERCIAL CONDOMINIUM ASSOCIATION, INC.
2. The principal	office address: 3615 BROMLEY GRAN	D AVE TAMPA, FL 33607
4. Date of incorp	poration/qualification: 11/22/2022	Document number: N22000013120
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the ned)
	CORPORATION SERVICE COMPAN	in the second se
	1201 HAYS STREET	PR I
	TALLAHASSEE, FL 32301	
6. The name and (if changed):		ent (if changed) and /or registered office ST
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, Florida 33324	ox NOT acceptable
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its registered agen
Such change was authorized by the	as authorized by resolution duly adopt	ed by its board of directors or by an officer so officed in writing of the change.
	Dan Woodward	Dan Woodward, Secretary
Signani	, , , , , , , , , , , , , , , , , , , ,	Printed or typed name and title
of my duties, and document is bet corporation has	id I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacity. tutes relative to the proper and complete performan ligation of my position as registered agent. Or, if th he registered office address, I hereby confirm that the
CT Corporation	1 System Junior Zingal	04/10/24
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Sandra Zwija	ck, Assistant Manager	
T	yped or Printed Name	
	* * * FILING F	EE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E048 (04/13)

By.