

N24176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 31 2018

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FEDERAL BUREAU OF INVESTIGATION

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mandarin Prof. Complex
Name of Corporation

DOCUMENT NUMBER: N24176

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:

Dr. Pamela Kaiser
Name of Contact Person

Mandarin Professional Complex
Firm/Company

9776 San Jose Blvd Suite 5
Address

Jacksonville FL
City/State and Zip Code

Animal clinic of Mandarin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Pamela Kaiser at (904) 262 2953
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Cell 904 305 8141

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Statute, 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: Mandarin Professional Complex Condominium Association, Inc.
2. The principal office address: 9776 San Jose Blvd
Suite 5 Jacksonville FL 32257
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/31/1987 Document number: N24176

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)

Sentry Management Inc
2180 West SR 434
Suite 5000 Longwood, FL 32779

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

Dr. Paula Kaisee
9776 San Jose Blvd Suite 5
P.O. Box NOT acceptable
Jacksonville FL - 32258

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.

Dr. Paula Kaisee President Dr. Paula Kaisee
Signature of an officer or director 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]
Signature of Registered Agent

Dec 20/17
Date

If signing on behalf of an entity:

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

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