

N 25654



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2020

CARLA MARKOWITZ, ESQ  
PO BOX 20582  
TAMPA, FL 33622

SUBJECT: FOUNTAIN SQUARE PROPERTY OWNERS ASSOCIATION, INC.  
Ref. Number: N25654

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 820A00005848

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Fountain Square Property Owners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N25654

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:

Carla Markowitz, Esq.

Name of Contact Person

Carla Markowitz, Attorney at Law

Firm/Company

P.O. Box 20582

Address

Tampa, FL 33622

City/State and Zip Code

markowitz@landlordlitigation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Markowitz

Name of Contact Person

at (813) 280-2874

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  
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 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: Fountain Square Property Owners Association, Inc.
2. The principal office address: One Tampa City Center, Suite 3300, Tampa, FL 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/29/1988 Document number: N25654
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)

Cushman & Wakefield US

8710 West Hillsborough Ave, #354

Tampa, FL 33615

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

Cushman & Wakefield US

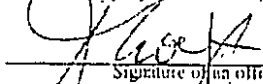
One Tampa City Center, Suite 3300

P.O. Box NOT acceptable

Tampa, FL 33602

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

Kathleen Hoyt, Treasure

\_\_\_\_\_  
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

2/19/2020

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kathleen Hoyt

\_\_\_\_\_  
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)

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DIVISION OF CORPORATIONS  
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