

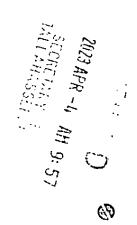
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	J. F.	ORNE 2 4 2023	

Office Use Only



800405345158

04/04/13 -01025--022 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Canterbury Village Condominium Association,	Inc.	
Name of Corporation		
DOCUMENT NUMBER: N29220		
The enclosed Statement of Change of Registered Office	/Agent and	fee are submitted for filing.
Please return all correspondence concerning this matter	to the follow	wing:
Todd B. Allen, Esq.		
Name of Contact Person		
Lindsay & Allen, PLLC		
Firm/Company		
13180 Livingston Road, Suite 206		
Address		
Naples, FL 34109		
City/State and Zip Code		
Todd@naples.law		
E-mail address: (to be used for future annual report	notificatio	on)
For further information concerning this matter, please c	all:	
Todd B. Allen, Esq.	at (²³⁹) 593-7900 Code & Daytime Telephone Numbe
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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of	f Florida	
1. The name of	f the corporation: Canterbury Village Condominium Association, Inc.		_
	al office address: e/o Lindsay & Allen, PLLC, 13180 Livingston Road, Suite 206	, Naples, FL 34109	_
3. The mailing	address (if different):		<u>-</u>
4. Date of inco	prporation/qualification: 10/09/1988 Document number: N29220) 	_
5. The name ar	nd street address of the current registered agent and registered office on file vartment of State: (If resigned, enter resigned)		
	Associa Gulf Coast		
	9887 4th Street North. Suite 104	_	
	St. Petersburg, FL 33702		
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and /or registered or	office	
	Linday & Allen, PLLC	2023 17 17	
	13180 Livingston Road, Suite 206		77
	P.O. Box NOT acceptable Naples, FL 34109		e blue mate
	ress of its registered office and the street address of the business office of all be identical.		J
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by a the poard, or the corporation has been notified in writing of the change.	л officer so	63
f .,		sident	
	of the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and count I am familiar with and accept the obligation of my position as register eing filed merely to reflect a change in the registered office address. I her as been notified in writing of this change.	omplete performand red agent. Or, if th reby confirm that th	ce is ie
<u>ş</u>	ignature of Registered Agent Date		
If signing on b	ochalf of an entity:		
7021	B. ALIGN		

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

Typed or Printed Name