## N29555

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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Imperial Lakes Estates, Uni	t III, Condominium Asso	ciation, Inc.		
	(Name of corporation			
DOCUMENT NUMBER: N29555		<u> </u>	-	* <u>*</u>
The enclosed Statement of Change of R	egistered Office/Ager	nt and fee are submitted for	or filing.	
Please return all correspondence concer	ning this matter to the	following:		
Kevin T. Wells, Esquire (Name of person)			nu.	
Lobeck Hanson & Wells, P.A.  (Name of firm/compar	ny)			
2033 Main Street, Suite 403 (Address)		s Eliteria e		
Sarasota, Florida 34237  (City/state and zip cod	е)	W		÷ 1.
For further information concerning this	matter, please call:			
Kevin T. Wells, Esquire (Name of person)	at ( 941 ) (Area code &	955-5622 & daytime telephone numbe	er)	• •
Enclosed is a \$35.00 check made payab	le to the Department o	of State.		
Amendment Section A Division of Corporations D P.O. Box 6327 40	reet Address: mendment Section ivision of Corporations 99 E. Gaines Street allahassee, FL 32399	5		

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

	•	2, 617.0502, 607.1508, or 617.1508, a			
tnis statement o	• •	ration organized under the laws of the istered office or registered agent, or l	₹*		
of Florida.  1. The name of		states, Unit III, Condominium Association			
	office address: 8565 Crown's Co				
Palmetto, FL					
3. The mailing a	address (if different): 9031 Town	Center Pkwy			
Bradenton,	FL 34202 US				
4. Date of incor	poration/qualification: 12/05/19	Document number: N2	29555 <u>2 2:                                </u>		
	d street address of the current regi rtment of State:	istered agent and registered office on fi	Ile will AS		
	Advanced Management of SW FI	orida Inc	PM SEE.		
	5899 Whitfield Ave Ste 107		H 2:		
	Sarasota, FL 34243		22 解析		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Kevin T. Wells, Esq. c/o Lobeck Hanson & Wells, P.A.					
	(P.O. Box or persona	il mailbox NOT acceptable)	_		
,	Sarasota, Florida 34237		_		
The street addreagent, as chang	ess of its registered office and the ed will be identical.	e street address of the business office	of its registered		
_	<b>.</b> .	adopted by its board of directors or by been notified in writing of the change			
•	chairman or vice chairman of the board)	(Printed or typed name and title)	<del></del>		
i jurther agree performance of	to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity, all statutes relative to the proper and the and accept the obligation of my possibled merely to reflect a change in the ation has been notified in writing of the	i compiete sition as		
Laus m	r Lung	3-10-03			
(S	Signature of Registered Agent)	(Date)			
If signing on behal	· ·	Attorney			
Kevin T. Wells,	Typed or Printed Name)	(Capacity)	<u></u>		

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