N40916

(Requestor's Name)	
(Äddress)	
(Äddress)	
(Address)	
, ,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Plaza Professional Center Inc

Name of Corporation

N40916

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:

Bobby Davenport

Name of Contact Person

Diversified Commercial Property Services

Firm/Company

3597 Kiessel Road

Address

The Villages FL 32163

City/State and Zip Code

robert.davenport@thevillages.com

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

For further information concerning this matter, please call:

Bobby Davenport

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Plaza Professional Center Inc
2. The principal	office address: 3597 Kiessel Road The Villages FL 32163
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 11/19/1990 Document number: N40916
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Marty Dzuro
	1045 Lake Sumter Landing The Villages FL 32162
	The Villages FL 32162
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Diversified Commercial Property Services TNC. 3597 Kiessel Road
	P.O. Box NOT acceptable The Villages FL 32163
	authorized by resolution duly adopted by its board of directors or by an officer so board, or all the forgotten has been notified in writing of the change. Marty Dzuro
Signatur	e of appoliticer or director Printed or typed name and title
agent. Or, if this	the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete by duties, and I am familiar with and accept the obligation of my position as registered by document is being filed merely to reflect a change in the registered office address, I had the corporation has been notified in writing of this change.
	ature of Registered Agent 5/6/19 Date
f signing on beh	
	·
Robert Hoor	DIEF ped 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 (03/12)