## N43133

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: GULFVIEW HOMEOWNERS OF PINELLAS COUNTY, INC. Name of Corporation DOCUMENT NUMBER: N43133 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: Tiffany A. Grant, Esq. Name of Contact Person Cianfrone, Nikoloff, Grant & Greenberg, P.A. Firm/Company 1964 Bayshore Boulevard, Suite A Address Dunedin, Florida 34698 City/State and Zip Code gulfviewparkoffice@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah L. Smith at (727 ) 738-1100 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ingle is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Gulfview Homeowners of Pinellas County, Inc.	
	office address: 14720 113th Avenue N., Largo, FL 33774	
3. The mailing a	address (if different): N/A	_
	poration/qualification: 4/26/1991 Document number: N43133	<del></del>
5. The name and	d street address of the current registered agent and registered office on file with the criment of State: (If resigned, enter resigned)	
	Jonathan James Damonte, Chartered	
	12110 Seminole Boulevard	
	Largo, FL 33778	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office  Cianfrone, Nikoloff, Grant & Greenberg, P.A.	
	Cianfrone, Nikoloff, Grant & Greenberg, P.A.	,
	1964 Bayshore Boulevard, Suite A	: : :
	P.O. Box NOF acceptable  Dunedin, FL 34698	5 · · · · · · · · · · · · · · · · · · ·
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent be identical.	t,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or hie corporation has been notified in writing of the change.	
, 2	RAND KELLOUX PHILLION Printed or typed name and title	
I hercby accept i I further agree to of my duties, and document is beir corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familian with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	ce is e
\$ ig	ature of Registed Agent  Date	
۰ - ۷ If signing on bel	palf of an entity:	
Tiffany A. Grant	·	
	ped or Printed Name	

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