## 144299

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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations
SUBJECT: GULF Charles Aparlment Assoc, Inc. (Name of Corporation)
DOCUMENT NUMBER: N CIU > 99
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:
ROBERT A BABCOCK (Name of Contact Person)  HOLIDAY ISLES PROPERTY MGMT. Inc (Firm/Company)  (Address)
LARRO, FL 33773 (City/State and Zip Code)
For further information concerning this matter, please call:
Relant A Rabcacl at (727) 548-9402  (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

1.

## 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.
C LIM
1. The name of the corporation: Gue Clariola A partment Asseciatione
2. The principal office address: 6767 SUNSET WIA
St. Petersburg Beach, FL 37706
3. The mailing address (if different): 11350 66th ST N. SUITE 124
LARGO, FL 33773
4. Date of incorporation/qualification: 07/16/151 Document number: W 4/4299
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Richard W Gorman
251 S. ISLE Dn
St. Retenturs Beach, FL33706
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HOLIDAY ISLES PROPERTY MAME, INC.
11350 66 84. N # 124 35 8
LARGO FL 33773
The street address of its registered office and the street address of the business office of its registered agent,
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) (Printed or typed name and title)  I have by account the approintment as recipitated account and account to act in this principle.
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)  (Signature of Registered Agent)
(Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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