Division of Corporations **Electronic Filing Cover Sheet**

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(((H23000295207 3)))



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Account Name : SMITH HULSEY & BUSEY

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

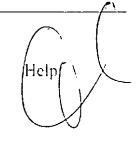
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REGISTERED AGENT CHANGE THE ANDERSON GIBBS CONDOMINIUM ASSOCIATION, INC.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607 hange is submitted for a corporation organized u fer to change its registered office or registered a	inder the laws of the State of Florida	this				
	f the corporation: The Anderson Gibbs Condomin	•					
	al office address: 400 Health Park Blvd., St. Augus	tine, FL 32086	***********				
3. The mailing	address (if different):						
4. Date of incor	orporation qualification: 07/19/1993	Document number: N93000003307					
	nd street address of the current registered agent a artment of State: (If resigned, enter resigned)	nd registered office on file with the					
	Jill Berry		202				
	100 Whatstone Place Suite 203	P	7023 AUG				
	St. Augustine, FL 32086	AH.	24				
5. The name and street address of the new registered agent (if changed) and for registered office (if changed):							
	Thomas William Young	<u></u>	3 2				
	3007 SW Williston Rd. Stc. 1120						
P.O. Box. NOT acceptable: Gainesville, FL 32608							
The street addr	ress of its registered office and the street address to identical.	es of the business office of its registe	red agent,				
_	vas authorized by resolution daly adopted by it the board, or the corporation liast peen notified						
uthorized by t	the of an arrect or arector	Transe or typed hance at from VO	2 W				
i hereby accep I further agree of my duties, a locument is be corporation ha	of the appointment as regivered agent and agroes to comply with the provisions of all statutes result that familian with analaccept the obligation eing filed merely to reflect a change in the regias been notified in writing of this change.	ve to act in this capacity, vlative to the proper and complete pe w of my position as registered agent, stered office address, I hereby confir	Gormance Or, if this m that the				
27	ignature of Registered Agent	3/23/2023	·····				
lf signing on b	ochalf of an entity:						
Thomas Willian							
	Typed or Printed Name						
	* * * FILING FEE: \$3	5.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (04-13)