## Var

## N94000004540

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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10/18/24--01008--009 \*\*35.00

202.00713 5.75815

## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Carmel Retirement Condominium Associ	riation, Inc.	
Name of Corporation		
DOCUMENT NUMBER: N9400004540		
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:	
Lisa Russell		
Name of Contact Person		
Vesta Property Services		
Firm/Company		
2350 Dairy Road		
Address		
West Melbourne, Florida 32904		
City/State and Zip Code		
info-se@vestapropertyservices		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, please call:		
Lisa Russell	( 321-241 <b>-4</b> 94 <b>6</b>	
Name of Contact Person	at ( 321-241-4946 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the I	Department of State.	
Mailing Address: Amendment Section	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

## - 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, Plorida Statutes, this inge 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.
<ol> <li>The name of t</li> <li>The principal</li> </ol>	the corporation: Carmel Retirement Condominium Association, Inc.  office address: 2350 Dairy Road, West Melbourne, Florida 32904
3. The mailing a	address (if different):
4. Date of incoη	poration/qualification: Document number:
	I street address of the current registered agent and registered office on file with the trends of State: (If resigned, enter resigned)
	TCB Property Management
	PO Box 1299
	Sharpes, Fl. 32959
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Vesta Property Services TNC.
	2350 Dairy Road
	P.O. Box NOT acceptable
	West Melbourne, Florida 32904
	ess of its registered office and the street address of the business office of its registered agent be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
	re of an officer or director Printed or typed name and tyle
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if thi ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
	hattite of Registered Agent 10/8/21/21/
If signing on be	chalf of an entity:

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