## N95000005385

(Requestor's Name)
(Address)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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RA. Change

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## 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
	in order to change its registered office or registered agent, or both, in the State of Florida.
*	1. The name of the corporation: L' Elegance on Lido Beach Condominium Association
¥	2. The principal office address: 2477 STICKNEY POINT Rd SUITE 118# +
	SAFASOTA Pl. 34231
	3. The mailing address (if different):
	4. Date of incorporation/qualification: 11/14/1995 Document number: N950000 5.385
	<ol><li>The name and street address of the current registered agent and registered office on file with the Florida Department of State:</li></ol>
	L'Eleganne on Lido Beach Con Lominium Association For
	1800 Ben JAMIN Franklin Dr
	SARASOTA Pl. 34236
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	Argus Property MANAGEMENT INC
	2477 STICK NEW POINT Rd SUITE 1/8/ 7 TO TO SUITE 1/8/1 TO TO
	SACRSOTA Pl. 34231 F. A. D.
	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
	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 of director)  (Signature of an officer of director)  (Printed or typed name and title)
	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) /2/6/06
	If signing on behalf of an entity:  ACCOUNT 7835
	(Typed or Printed Name) PAY \$ 3500

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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