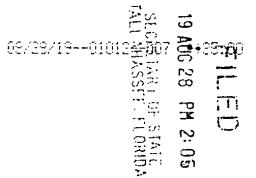
## N97000000 893

(Red	questor's Name)			
(Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	-
SUBJE	ECT: Tower Road Professiona Name of Cor	1 Center Condominium Assoc, 2
DOCU	JMENT NUMBER: N970000089	13
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter t	to the following:
	Steve Miller Name of Contr	act Person
	Wobbegong Engrim/Con	terprises, LLC
	309 NE 1st Str	ss
	Conesville FL City/State and	32601 Zip Code
	AP@ For your la E-mail address: (to be used for fut	ure annual report notification)
For fur	rther information concerning this matter, please ca	di:
	Steve Miller Name of Contact Person	at (352) 374-7755 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Departn	nent 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

,	BOTH	I FOR CORPORATIONS	
statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, oration organized under the laws of the fice or registered agent, or both, in the .	State of
		Road Professional Cente	er Condo Assoc, I
2. The principal	_	5 NW 75th Street ville, FL 32607	
3. The mailing a		esville, FL 32601	
4. Date of incorp		Document number:	N 97000000 893
	street address of the current street of State: (If resigned,	it registered agent and registered office ( enter resigned)	on file with the
	Vesta Proper	ty Services, Inc.	
	5208 SW 91-	4. Drive SuiteD	···1
	Gainesville, F	L 32608	19 AUG
6. The name and (if changed):	I street address of the new ro	egistered agent (if changed) and /or regi	
	Wobbegong &	Enterprises, LLC	7 2: 0: FI OHII
	309 NE 15	Street P.O. Box NOT acceptable	S
	Gainesville, F	L 32601	
The street addre	ess of its registered office a be identical.	nd the street address of the business of	fice of its registered agent.
Such change wa authorized by th	is authorized by resolution the board or the corporation	duly adopted by its board of directors of has been notified in writing of the cha	or by an officer so inge.
Signatur	re of an officer or director	Printed or typed n	AD PASE CTV COLDO ASSI
I hereby accept I further agree to performance of agent. Or, if this hereby confirm,	the appointment as registe, to comply with the provision my duties, and I am familia is document is being filed nather that the corporation has be	red agent and agree to act in this capa ns of all statutes relative to the proper ir with and accept the obligation of my nerely to reflect a change in the registe yen notified in writing of this change.	city. and complete position as registered ered office address, l
$\prec$	4	8/26/1	9
Sign	nature of Registered Agent	Date	<del></del>

If signing on behalf of an entity:

STORE MILLER, MANAGING MEMBER
Typed or Printed Name

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