N9700000491

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ Name	ECT: Towers Ten Condominium Associat of Corporation	tion Inc	
DOC	UMENT NUMBER: N9700006491		
The er	nclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning th	is matter to the following:	
Toni V	√anHoose		
Name	of Contact Person		
Tower	rs Ten Condominium Association Inc		
Firm/0	Company		
3425 8	South Atlantic Avenue		
Addre	288		
Dayto	na Beach Shores, FL 32118		
City/S	State and Zip Code		
	towerstencondo@gmail.con	1	
E-ma	il address: (to be used for future annu-	al report notification)	
	· ·	to N	
For fu	urther information concerning this matter.	please call:	I+ []
Toni V	√anHoose	at (386)304-3456	** *
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the	please call: at (386)304-3456 Area Code & Daytime Telephone Number e Department of State. Street Address: Amendment Section Division of Corporations	درد ۵ امسواه ۲
	Mailing Address: Amendment Section	Street Address:	
	Division of Corporations	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, inge is submitted for a corporation	on organized und	er the laws of the State of _	Florida	<i></i>	_
	er to change its registered office of	,	•			م
	the corporation: Towers					
2. The principal	office address: 3425 S	<u>Atlantic</u>	HVE			
Daytona	e Beach Shore	5, F1 3	2118			
3. The mailing a	nddress (if different):					
4. Date of incor	poration/qualification:	Do	ocument number: N970000	06491		
	d street address of the current reg rtment of State: (If resigned, ente		registered office on file wi	th the		
	Michelle Smith					
3425 South Atlantic Avenue						
	Daytona Beach Shores, FL 32118	8		_		
6. The name and (if changed):	d street address of the new regist	ered agent (if cha	nged) and /or registered of	fice of	2022 JUH	
	Toni VanHoose			<u>-7</u>		, ,
	3425 South Atlantic Avenue			-	==	; . 1.
P.O. Box NOT acceptable						,,,,
	Daytona Beach Shores, FL 32118	K		_	## IO:	• •
The street address changed will	ess of its registered office and the identical.	he street address	of the business office of it	s registe	red ag	ent.
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	y adopted by its b been notified in	oard of directors or by an writing of the change.	officer s	so	
Signate	_		Printed or typed name and ti			
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered to comply with the provisions of I am familiar with and acceping filed merely to reflect a chast been notified in writing of this	agent and agree of all statutes rela of the obligation of nge in the registe of change.	to act in this capacity, tive to the proper and con of my position as registere red office address, I herel	iplete pa d agent by confir	rform Or, if m thai	ance this the
_ { - { }	1/		6/10/2022			
Siį	nature of Registered Agent	_	Date			_
If signing on bo	chalf of an entity:					
Toni	E Van Hoose	_				

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