

N98000004150

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wickham Plaza Office Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000004150

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 Goff

Name of Contact Person

Wickham Plaza Office Condominium Association, Inc.

Firm/Company

2717 N Wickham Road, Suite 1

Address

Melbourne, FL 32935

City/State and Zip Code

lgoffdmd@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Goff

Name of Contact Person

at (321) 242-2766

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wickham Plaza Office Condominium Association, Inc.
2. The principal office address: 2717 N Wickham Road, Suite 1, Melbourne, FL 32935

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N98000004150

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lark Janes

4875 N Wickham Road, Suite 107

Melbourne, FL 32940

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lisa Goff

2717 N Wickham Road, Suite 1

P.O. Box NOT acceptable

Melbourne, FL 32935

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.

Lisa A. Goff
Signature of an officer or director

Lisa Goff

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.

Lisa A. Goff
Signature of Registered Agent

10/22/2015
Date

If signing on behalf of an entity:

Lisa A. Goff D.M.D.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE