N98000005430

(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
J. HORNE FEB 2 4 2022				



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02/14/22--01027--021 **35.00

2022 FEB 14 AM 8: 43
SECRETARY OF STATEMENT AND SECRETARY OF SECRETARY

Office Use Only

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Plaza De Flores Condominium Associa Name of Corporation	
DOCUMENT NUMBER: N98000005430	
The enclosed Statement of Change of Registered	l Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Tammy Horner	
Name of Contact Person	
Plaza De Flores Condominium Association, Inc.	
Firm/Company	
4202 Central Sarasota Parkway	
Address	
Sarasota, FL 34238	
City/State and Zip Code	
pdf.tammy.homer@gmail.com	11
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	please call:
Tammy Homer	at (941) 539-4703 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida State nized under the laws of the State of <mark>Flori</mark> tered agent, or both, in the State of Flori	da		
1. The name of t	the corporation: Plaza De Flores Condom	inium Association, Inc.			
The principal office address: 4202 Central Sarasota Parkway, Sarasota FL 34238					
3. The mailing a	address (if different): same				
4. Date of incorporation qualification: 09/18/1998 Document number: N98000005			0		
	I street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the	າຕ		
	Deborah Newman				
	4202 Central Sarasota Parkway				
	Sarasota, FL 34238				
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	2022 FEB 14 SECRETARY		
	Taminy Horner		B = F		
	4202 Central Sarasota Parkway		(-) _		
	P.O. B. Sarasota, FL 34238	ov NOT acceptable	AH 8: 43		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its re-	gistered agent,		
Such change was authorized by th	as authorized by resolution duly adopte the board, or the corporation has been in	ed by its board of directors or by an officitied in writing of the change.	eer so		
Signatu	Lylice of director	Tammy Horner, President Printed or typed name and title			
I further agree i of my duties, an document is bei	id I am familiar with and accept the ob	tutes relative to the proper and comple ligation of my position as registered ag he registered office address, I hereby co	gent. Or, if this		
	aux	2/10/2022			
Xig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Tammy Horner,	President				
T	yped or Printed Name				

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