## N99 000002078

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Doc	cument Number)	·
rtified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800357489638

01/11/21--01022--030 \*\*35.00



Y STILKER FED 1 8 2021

## SUBJECT: The Mark-lena Centre Condominum Association, Inc. Name of Corporation DOCUMENT NUMBER: N9900002078 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: Name of Contact Person Orchid Island Management Grup, UC Firm/Company P. O. Gox 643428 Address Ven Bach Pt 32964 City/State and Zip Code Internal address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (172 ) 32/ 3453

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

**COVER LETTER** 

## 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 **Florido** in order to change its registered office or registered agent, or both, in the State of Florida. The Mak-lena Centre Condominium tosociation Inc. 1. The name of the corporation: 2. The principal office address: Van Beach FZ 32963 3. The mailing address (if different): \_\_ 4. Date of incorporation/qualification: 04/02/1999 Document number: N9900002078 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): nich Island Management 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. 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.

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

Signature at Registered Agent

Typed or Printed Name

If signing on behalf of an entity: