N9900005683

| (Requestor's Name) | | | |
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| (Address) | | | |
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| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

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TO: Amendment Section **Division of Corporations** Name of Corporation Please return all correspondence concerning this matter to the following: **ASHLEY LUPO**

SUBJECT: Regatta At Vanderbilt Beach II Condominium Association, Inc. DOCUMENT NUMBER: N99000005683 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Name of Contact Person ROETZEL & ANDRESS, LPA Firm/Company 850 PARK SHORE DRIVE, TRIANON CENTRE, 3RD FLOOR Address NAPLES, FL 34103 City/State and Zip Code alupo@ralaw.com

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

For further information concerning this matter, please call:

ASHLEY LUPO 239 649-2736
Area Code & Daytime Telephone Number Name of Contact Person

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)

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

| statement of ch | ange is submitted for a corporation orga | 102, 607.1508, or 617.1508, Florida Statutes, this inized under the laws of the State of FLORIDA | |
|------------------------------------|---|--|--|
| in ord | er to change its registered office or regis | stered agent, or both, in the State of Florida. | |
| 1. The name of | the corporation: Regatta At Vanderbilt Be | each II Condominium Association, Inc. | |
| | office address: 435 LAUNCH CIRCLE, | | |
| | 11 (6.10) | | |
| | address (if different): | | |
| | poration/qualification: 09/23/1999 | Document number: N99000005683 | |
| 5. The name an Florida Depa | d street address of the current registered rtment of State: (If resigned, enter resign | agent and registered office on file with the ned) | |
| | ASHLEY LUPO | | |
| | 850 PARK SHORE DRIVE, TRIANON CENTRE, 3RD FLOOR | | |
| | NAPLES, FL 34103 | | |
| 6. The name and (if changed): | d street address of the new registered age | ent (if changed) and /or registered office | |
| | C T CORPORATION CENTER | | |
| | 1200 SOUTH PINE ISLAND ROAD | | |
| | P.O. Box NOT acceptable | | |
| | PLANTATION, FL 33324 | | |
| The street addresses changed will | ess of its registered office and the street be identical. | address of the business office of its registered agent, | |
| Such change wa authorized by th | as authorized by resolution duly adopted ne board, or the corporation has been no | d by its board of directors or by an officer so ottified in writing of the change. | |
| Jeffrey Palman | <u>uist</u> | JEFF PALMQUIST, SECRETARY | |
| Signatu | re of an officer or director | Printed or typed name and little | |
| locument is hei | a i am iamular wun ana acceni ine oni | nd agree to act in this capacity. Intelligent to the proper and complete performance ligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the | |
| ربأ توقيد مسمر | and the second | 04/05/2023 | |
| Sign | nature of Registered Agent | Date | |
| f signing on be | half of an entity: C T CORPORATION | SYSTEM | |
| Bernadette B | aker, Asst. Secretary | | |
| | yped or Printed Name | | |
| | * * * FILING FE | CE: \$35.00 * * * | |
| | MAKE CHECKS PAYABLE TO FLO | DRIDA DEPARTMENT OF STATE | |

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)