P09000074200

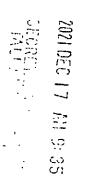
(Rec	questor's Name)		
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COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	:
SUBJ Name	JECT: Rye Road Professional Center Condon of Corporation	ninium Association, Inc.
DOC	UMENT NUMBER: P09000074200	
The e	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Monic	que Toler	
Name	of Contact Person	
JMT.	Accounting & Administrative Mgmt	
Firm/	Company	
9040	Town Center Pkwy.	
Addro	ess	
Lakev	wood Ranch	
City/S	State and Zip Code	
	monique.jmtacetg@gmail.co	om
E-ma	ail address: (to be used for future annua	l report notification)
For fu	urther information concerning this matter.	please call:
Moni	que Toler	9413207175
	Name of Contact Person	at (9413207175) Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation orgai	92, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of FL	
-		ered agent, or both, in the State of Florida.	_
1. The name of	the corporation: Rye Road Professional C	enter Condominium Association, Inc.	
2. The principal	d office address: 9040 Town Center Pkwy	Lakewood Ranch, FL 34202	
z. the principal	Willie address.		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 9/2/2009	Document number: P09000074200	
	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	One Source Corporation-FL	. 1. 202	
	510 Bay Isles Road, Ste 2	2021 DEC 17	· · ·
	Longboat Key, F1, 34228		
6. The name an (if changed):	nd street address of the new registered age	ent (if changed) and /or registered office	7.7
	JMT Accounting & Administrative Mana		
	9040 Town Center Pkwy.		
	P.O. Bo	ox NOT acceptable	
	Lakewood Ranch, FL 34202		
		t address of the business office of its registered ag	ent.
Such change wauthorized by	vas authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.	
	P- at	Clavo, A In bor T	
Signat	ture of an officer or director	Printed or typed name and title	_
-l furthér agrée -of my duties, a -docúment is he	as neen noujiea in writing of mis change	tutes relative to the proper and complete perform ligation of my position as registered agent. Or, if he registered office address, I hereby confirm that e.	ance this t the
	Luy	12/5/21	
Š	ngnature of Registered Agent	Date	
If signing on b	ochalf of an entity:		
	ONIQUE TOLER		
	Typed or Printed Name		

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