P09000039528

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	CONDOMINIUMS INTERNATIONAL, INC.
	Name of Corporation
DOCI	P0900089528 UMENT NUMBER:
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	DAVID GANO
	Name of Contact Person
	CONDOMINIUMS INTERNATIONAL, INC.
	Firm/Company
	PO BOX 1495
	Address
	ORMOND BEACH, FL 32175
	City/State and Zip Code
	INTLCONDOS@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
DAV	TD GANO 804 695-6300
	Name of Contact Person at (
Enclo	sed 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

statement of cha	mge is submitted for a corpo	oration organized under the laws of the State of FLORIDA
		fice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: CONDOMI	NIUMS INTERNATIONAL, INC.
2. The principal	office address: 553 S. ATLA	ANTIC AVENUE
	BEACH, FL 32176	
3. The mailing a	nddress (if different): PO BC	X 1495
ORMONE	D BEACH, FL 32175	
4. Date of incor	poration/qualification: 10/28	Document number: P0900089528
	d street address of the current rtment of State: (If resigned,	it registered agent and registered office on file with the enter resigned)
	SPIEGEL & UTRERA, P	A
	1840 SW 22ND ST , 4TH FLO	DOR I THE
	MIAMI, FL 33145	
6. The name and street address of the new reg (if changed):		egistered agent (if changed) and /or registered office
	DAVID GANO	
553 S. ATLANTIC AVENUE		NUE
		P.O. Box NOT acceptable
	ORMOND BEACH, FL	32176
The street addras changed will	ess of its registered office a be identical.	nd the street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
Levy	Dean	GEORGE R. GANO, VICE-PRESIDENT
I hereby accept I further agree performance of	to comply with the provisio "my duties, and I am familia	Printed or typed name and title red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete ur with and accept the obligation of my position as registered nerely to reflect a change in the registered office address. I ven notified in writing of this change.
() and	Man A	09/30/2013
Sig	mature of Registered Agent	Date
If signing on be	chalf of an entity:	
DAVID GANO		
	yped or Printed Name	

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