

P120000082836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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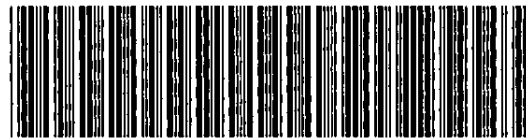
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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R.A.

OCT 15 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community Association by Stacia, Inc.
Name of Corporation

DOCUMENT NUMBER: P12000082836

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:

Stacia Scofero
Name of Contact Person

Community Association by Stacia, Inc.
Firm/Company

1990 Main St. Suite 750
Address

Sarasota FL 34236
City/State and Zip Code

stacia@cam-ss.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacia Scofero at (941) 920-4814
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
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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Community Association Management by Staca, Inc.
2. The principal office address: 1990 Main St. # 750
Sarasota FL 34236
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 10-1-12 Document number: P12010082836

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)

Stacia M Scofero
4803 Turtle Bay Ter.
Bradenton FL 34203

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stacia M. Scofero
1990 Main St. Suite 750
P.O. Box NOT acceptable
Sarasota FL 34286

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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.

Signature of an officer or director

Printed or typed name and title

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.

~~Signature of Registered Agent~~

Date _____

~~If signing on behalf of an entity:~~

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

Stacia Scotero
Printed or typed name and title

10-10-12
Date