

PI6000025871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

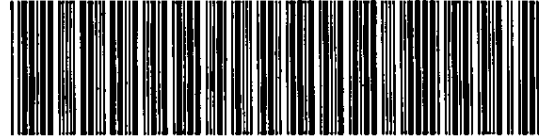
(Business Entity Name)

(Document Number)

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JAN 17 2017
DIVISION OF REVENUE
2017 JAN 17 PM 1:23

JAN 18 2017

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 185 MLK STREET CONDOMINIUM ASSOCIATION, INC
Name of Corporation

P16000025871
DOCUMENT NUMBER:

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:

Pamela D. Colby-Ignoffo

Name of Contact Person

Firm/Company

396 Eagle Nest Ln

Address

Fleetwood, NC 28626

City/State and Zip Code

pamcolby@icloud.com

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

For further information concerning this matter, please call:

Pamela D. Colby-Ignoffo

336

977-5624

at ()

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: 185 MLK STREET CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 396 Eagle Nest Ln, Fleetwood, NC 28626
3. The mailing address (if different): 396 Eagle Nest Ln, Fleetwood, NC 28626

4. Date of incorporation/qualification: 03/15/2016 Document number: P16000025871

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)

Colby-Ignoffo, Pamela D

13306 Gulf Blvd

Madeira Beach, FL 33708

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

Hildebrandt Law Firm

10300 49th St N #207

P.O. Box NOT acceptable

Clearwater, FL 33762

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.

Pamela D. Colby-Ignoffo
Signature of an officer or director

Pamela D. Colby-Ignoffo

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.

Michael Hildebrandt
Signature of Registered Agent

01/13/2017

Date

If signing on behalf of an entity:

Michael Hildebrandt

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)

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STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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