5211 S. FLETC	HER AVE. S-230			
AMELIA ISLAN				
Current Mai	ling Address:			
3416 SEA M AMELIA ISL	ARSH RD AND, FL 32034 US			
FEI Number: 26-0303909			Certificate of Status Des	ired: No
Name and A	ddress of Current Registered Agent:			
303 CENTRE S	SON W. ATTORNEY TREET SUITE 200 BEACH, FL 32034 US			
The above named	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida.
		-	G	
SIGNATURE	HARRISON W. POOLE	-	•	04/10/2018
SIGNATURE	Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			04/10/2018
	Electronic Signature of Registered Agent	Title	DTRS	04/10/2018
Officer/Dire	Electronic Signature of Registered Agent	Title Name	DTRS NAFIE, MARSHA	04/10/2018
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : DVP		-	04/10/2018
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : DVP MITCHELL, TODD	Name	NAFIE, MARSHA 3416 SEA MARSH RD	04/10/2018
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : DVP MITCHELL, TODD 5211 S. FLETCHER AVE. S-230	Name Address	NAFIE, MARSHA 3416 SEA MARSH RD	04/10/2018
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : DVP MITCHELL, TODD 5211 S. FLETCHER AVE. S-230 AMELIA ISLAND FL 32034	Name Address	NAFIE, MARSHA 3416 SEA MARSH RD	04/10/2018
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DVP MITCHELL, TODD 5211 S. FLETCHER AVE. S-230 AMELIA ISLAND FL 32034 DSY	Name Address	NAFIE, MARSHA 3416 SEA MARSH RD	04/10/2018
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : DVP MITCHELL, TODD 5211 S. FLETCHER AVE. S-230 AMELIA ISLAND FL 32034 DSY PERDUE, KAREN 5211 S. FLETCHER AVE. S-230	Name Address	NAFIE, MARSHA 3416 SEA MARSH RD	04/10/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA NAFIE	DTRS

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOUTH FLETCHER PROFESSIONAL CENTER CONDOMINIUM

DOCUMENT# N07000005636

Current Principal Place of Business:

ASSOCIATION, INC.

04/10/2018 Date

FILED Apr 10, 2018 Secretary of State CC3738064796