710430

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COVER LETTER

TO: Amendment Section Division of Corporations FOUR SEA SUNS CONDOMINIUM, INC. Name of Corporation 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: TRAK Property Management Group Name of Contact Person Firm/Company 751 Park of Commerce Dr. #116 Address Boca Raton, FL 33487 City/State and Zip Code apd506@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Stoloff Name of Contact Person 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

statement of cha	ange is submitted for a corporation organized under the laws of the State of Florida Florida	
	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: FOUR SEA SUNS CONDOMINIUM, INC.	
2. The principal	office address: 1800 NE 3RD CT. BOYNTON BEACH, FL 33435	
3. The mailing a	address (if different): Same	
4. Date of incorp	poration/qualification: 02/25/1966 Document number: 710430	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	DICKER, KRIVOK & STOLOFF, P.A.	
	1818 AUSTRALIAN AVENUE SOUTH SUITE 400	
	WEST PALM BEACH, FL 33409	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offices	
	STOLOFF & MANOFF, P.A.	
	1818 AUSTRALIAN AVENUE SOUTH SUITE 400 👸 🕏	
	P.O. Box NOT acceptable	
	WEST PALM BEACH, FL 33409	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	Lyland DON TREJBAL PROSIDENT Printed or typed name and title	
t jurther agree t performance of agent. Or. if thi	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
K	nature of Registered Agent Date	
_		
If signing on behalf of an entity:		
Scott Stoloff Trend or Privad Name		
1 9	ped or Printed Name	

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

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