## 7/5/12

(Requestor's Name)						
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PICK-UP WAIT MAIL						
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(Document Number)						
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## FEIN & MELONI

ATTORNEYS AT LAW
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

900 S.W. 40<sup>th</sup> AVENUE PLANTATION, FLORIDA 33317 BROWARD: (954) 791-4770 -- MIAMI-DADE: (305) 759-8978 FACSIMILE: (954) 316-5890

STEVEN A. FEIN, P.A. EDOARDO MELONI, P.A.

STEVEN A. FEIN, ESQ. FloridaCondominiumLaw@gmail.com

April 12, 2010

Ms. Peggy Stroker 1351 N.E. Miami Gardens Drive Unit #1701 North Miami Beach, Florida 33179

Re: Change of Registered Agent

Dear Ms. Stroker:

We have enclosed herewith the required cover letter and Statement of Change of Registered Agent for Buckley Towers Condominium, Inc. in accordance with your direction. We have additionally enclosed herewith our check in the amount of \$35.00 made payable to the Florida Department of State and a pre-addressed stamped envelope for your convenience.

Kindly sign the Statement of Change of Registered Agent form in the space indicated for your signature and forward the check, cover letter, and completed Statement of Change to the Division of Corporations in the enclosed, pre-addressed, stamped envelope.

In the event you have any questions concerning the contents of this letter or the enclosures please feel free to contact the undersigned at your earliest convenience.

STÉVEN A. FEIN, ESQ.

For the Firm

SAF:sv

Enclosure

G:\WPDOCS\Buckley Towers\Ltr Stroker4 12.10.wpd

## **COVER LETTER**

то:	Amendmer Division of	nt Section Corporations						
SUBJ	ЕСТ:	Buckley 1	Fowers Cond Name of Con	dominium, Inc.				
DOCI	U <b>MENT NU</b>	MBER:	7	15112				
The er	nclosed States	ment of Change of R	egistered Office/	Agent and fee are subm	nitted for filing.			
Please	return all co	rrespondence concer	ning this matter t	o the following:				
			Steven A	. Fein				
			Name of Cont	act Person				
	Fein and Meloni, Esqs.							
	Firm/Company							
	900 S.W.40th Avenue							
			Addre					
	Plantation El 33317							
	Plantation, FL. 33317 City/State and Zip Code							
		Florida	Condominiuml	_aw@gmail.com				
		E-mail address: (to	be used for fut	ure annual report not	ification)			
For fu	rther informa	tion concerning this	matter, please cal	II:				
		Steven A. Fein		054	704 4770			
	Nan	ne of Contact Person		at ( 954 ) Area Code & Dayt	791-4770 time Telephone Number			
Enclos	sed is a \$35.0	0 check made payabl	le to the Departm	ent of State.				
		Mailing Address Amendment Son Division of Control P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section orporations ing ve Center Circle			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	e of Florida		
	the corporation: Buckle office address: 1321 N	•	ondominium, Inc. ens Drive, North Miam	i Beach, FL. 33179		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	08/14/1968	Document number:	715112		
	d street address of the cur rtment of State: (If resign		nt and registered office on fil	le with the		
	Peggy Stroker					
	1351 N.E. Miami Gardens Drive, #1701					
	North Miami Beach	n, FL. 33179	-	ZOIO/		
6. The name and (if changed):	d street address of the nev	w registered agent (	if changed) and /or registere	2010 APR 23 SECRETARY TALLAHASSE		
	Steven A. Fein, Es	q.		— E.F.S		
	900 S.W. 40th Ave			9: 36 STATE LORUE		
	Plantation, FL. 333	P.O. Box NOT ac	ceptable			
The street addreas changed will			dress of the business office	of its registered agent,		
Such change wa authorized by the	as authorized by resoluti be board, or the corporat	ion duly adopted b	y its board of directors or b	y an officer so		
Signatu	re of proper or director	1 freder	Peggy Stroker, Printed or typed name	President and title		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as regite comply with the provided I am familiar with and ing filed merely to reflect been notified in writing	istered agent and a isions of all statute d accept the obliga t a change in the r g of this change.	ngree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I h	l complete performance stered agent. Or, if this hereby confirm that the		
	nature of Registered Agent		April 9, 2	010		
·	chalf of an entity:		<del>.</del>			
Т	yped or Printed Name					

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