	1
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COVER LETTER

TO: Amendment Section Division of Corporations THE WITTINGTÖN CONDOMINIUM APARTMENTS, INC. **SUBJECT** Name of Corporation The enclosed Statement of Change of Registered Office/Agent and fce are submitted for filing. Please return all correspondence concerning this matter to the following: Patrice Lawson Name of Contact Person Peyton Bolin, PL Firm/Company 3343 West Commercial Blvd, Suite 100 Address Fort Lauderdale, FL 33309 City/State and Zip Code support@peytonbolin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patrice Lawson Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

•	- 1	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
-	•	a corporation organized under the laws of the State of Florida
	- 11	ered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: THE	WITTINGTON CONDOMINIUM APARTMENTS, INC.
2. The principal	office address: 139	0 S. OCEAN BOULEVARD
POMPAN	O BEACH, FL	33062
3. The mailing a	ddress (if different):	
4. Date of incorp	 ooration/qualification	: 10/29/1968 Document number: 715483
		current registered agent and registered office on file with the signed, enter resigned)
	BECKER & PC	
6. The name and (if changed):	625 N. FLAGL	ER DRIVE 7TH FLOOR BEACH, FL 33401
	WEST PALM	BEACH, FL 33401 💮 🚡 🙃 🦵
	 street address of the 	new registered agent (if changed) and /or registered office
	PeytonBolin,	上 切り
	3343 W.Comm	nercial Blvd, Suite 100
		P.O. Box NOT acceptable
	Fort Lauderda	e, FL 33309
The street addre	ess of its registered of be identical.	ffice and the street address of the business office of its registered agent,
Such change wa authorized by th	is authorized by reso ie board, or the corp	lution duly adopted by its board of directors or by an officer so pration has been notified in writing of the change.
-5 ra	- 52m	EILER STANKUNAS
Signatu	re of an officer or director	Printed or typed name and title
i further novee t	o comply with the m	registered agent and agree to act in this capacity. Tovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.
1 318	Till HII	1111 09/05/2017 Date
f If signing on be	half of an entity:	
~~	ton Bolin, f	
	ped 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)