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COVER LETTER

TO: An Di	nendment Section vision of Corporations	
cud iect	MAIN BOULEVARD ASSOCIATION, I	NC.
SUBJECT	Name of Corp	oration
	59-1378501	
	NT NUMBER:	
	ed Statement of Change of Registered Office/A	-
Please retu	rn all correspondence concerning this matter to	the following:
	David Klein	
	Name of Contac	et Person
	Milberg Klein PL	
	Firm/Comp	nany
	5550 Glades Rd, Suite 500	•
	Address	;
	Boca Raton, FL 33431	
	City/State and 2	Zip Code
	E-mail address: (to be used for futu	re annual report notification)
For further	information concerning this matter, please call	:
David Kle		561 244-9461
· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is	s a \$35.00 check made payable to the Departme	nt 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

TO:

₩ # # # # ### T	BOTH FOR CORPORATIONS
statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of
	MAIN BOULEVARD ASSOCIATION, INC f the corporation: 230 SOUTH BLVD HIGH POINT 3 BOYNTON BEACH, FL 33435 al office address:
3. The mailing	gaddress (if different):
4. Date of inco	orporation/qualification: Document number:
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Greene, Robert J.
	270 SOUTH BLVD Unit C
	BOYNTON BEACH, FL 33435
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office
	Milberg Klein PL 38
	5550 Glades Rd, Suite 500
	P.O. Box NOT acceptable Boca Raton, FL 33431
as changed will	
	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Not Signat	but I GREENE, ture of an offiger or director **Printed or typed name and title**
I hereby accep I further agree performance o agent. Or, if the hereby confirm	ot the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I In that the corporation has been notified in writing of this change.
Si	ignature of Registered Agent Date
If signing on b	pehalf of an entity:
David Klein	
	Trunch or Deinted Morne

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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