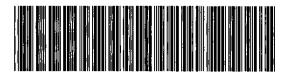


(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORID

DC4/24

.5297 West Copans Road Margate, Florida '33063 T | 954.486.7774 F | 954.486.7782

Attorneys at Law



Mary Ann Chandler, Esq. MChandler@likeyourlawyer.com

April 14, 2015

Re:

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Lauderdale Oaks Condominium XII, Inc.

Change of Registered Agent

File No: 09542-001

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL

Mary Ann Chandler, Esquire

Partner

MAC:kmc Enclosures

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute inge is submitted for a corporation organized under the laws of the State of FLOI or to change its registered office or registered agent, or both, in the State of Florida	RIDA	
1. The name of t	the corporation: LAUDERDALE OAKS CONDOMINIUM XII, IN	۷C	
2. The principal	office address: 3001 NW 46th Ave., Bldg 12		
Lauderdal	e Lakes, FL 33313	·	
-	ddress (if different): c/o Castle Management Inc., PO Box 559009 derdale, FL 33355		
4. Date of incorp	poration/qualification: 04/30/1971 Document number: 72	20829	
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	Michael Bass		
	1408 S. Andrews Ave		
	Fort Lauderdale, FL 33316		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		
	KATZMAN GARFINKEL	ಪ್	T _A S
	5297 WEST COPANS ROAD	i APR	ECR
	P.O. Box NOT acceptable		TANK T
	MARGATE, FLORIDA 33063	20 8	
The street address changed will	ess of its registered office and the street address of the business office of its regi be identical.	stered agen i. پن	RF SI
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		ATE)RIDA
Signatur	Jacours 4- C LA COURSE re of an officer or director Printed or typed name and little	<u>. </u>	
•	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 at an familiar with and accept the obligation of my position as registered age ng filed merely to reflectla change in the registered office address. I hereby consider the property to reflectly change in the registered office address. I hereby considered in writing of this change.	performance nt. Or, if this ifirm that the	
_	4/13/15		
No. of the last of	nature of Registered Agent Date		
If signing on be	half of an entity:		
	H.C. KATZMAN, ESQ.		

* * * 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 (8/05)