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ATT P. (PEN City/State/	HAEL B. UDELL ORNEY AT LAW D. BOX 841207 BROKE PINES, FL 33084 Zip Phone # 20002318772-5 -10/13/97-01084-014 *****35.00 ******35.00 Office Use Only NAME(S) & DOCUMENT NUMBER(S), (if known):
1	
(Corp	oration Name) (Document #)
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3(Corp	oration Name) (Document #)
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□ Walk in [Pick up time Certified Copy Will wait Photocopy Certificate of Status AMENDMENTS
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS Annual Report	REGISTRATION/- YOUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

Florida Department of State, Sandra Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: GOLDEN HORN SOUTH CONDOMINIUM ASSOCIATION, INC. Document number 724540 10-13-72 Date of incorporation The name and address of the current registered agent and office: Raymond A. Bookman, CPA, 17 N.W. 168th Street, Miami, Florida 33169 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Michael B. Udell, Esquire, 5745 South University Drive, Davie, Florida 33328 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Larry Sukert, President Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE_ (Registered Agent)

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

CR2E045 (7-91) FILING FEE: \$35.00