

725495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

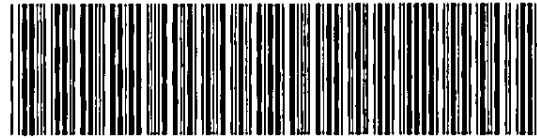
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700368245417

06/21/21--01013--017 **35.00

2021 JUN 21 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lime Bay Condominium Inc.
Name of Corporation

DOCUMENT NUMBER: 725495

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Burke

Name of Contact Person

Lime Bay Condominium Inc.

Firm/Company

9190 Lime Bay Blvd

Address

Tamarc, FL 33321

City/State and Zip Code

melina@melinamanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melina Riveira

Name of Contact Person

at (954

) 232-0249

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lime Bay Condominium Inc.

2. The principal office address: 9190 Lime Bay Boulevard Tamarac, FL 33321

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/07/1973 Document number: 725495

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mew, Helen

9190 Lime Bay Blvd.

Fort Lauderdale, FL 33321

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Riveira, Melina

9190 Lime Bay Blvd.

P.O. Box NOT acceptable

Tamarac, FL 33321

FILED
2021 JUN 21 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office 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, or the corporation has been notified in writing of the change.

Patricia Burke
Signature of an officer or director

Patricia Burke
Printed or typed name and title

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Melina Riveira
Signature of Registered Agent

6/14/2021
Date

If signing on behalf of an entity:

Melina Riveira
Typed 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