## 727885

(Re	questor's Name)	,	
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
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lA Change News



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: KE	NNEDY HOUSE CONDOM	INIUM, INC.
	(Name of Cor	poration)
DOCUMENT NUMBER	t:727885	
The enclosed Statement o	f Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspor	ndence concerning this matter to	o the following:
	BRIAN W. PARISER,	ESQ.
	BRIAN W. PARISER, (Name of Conta	act Person)
	BRIAN W. PARISER. (Firm/Com	P.A.
	(Finn/Com	(pany)
	<u>9130 SOUTH DADELAN</u> (Addres	D BLVD., SUITE #1511 ss)
	•	,
	MTAMT, FLORTDA 331	56
	MIAMI, FLORIDA 331 (City/State and	Zip Code)
For further information co	ncerning this matter, please cal	1:
BRIAN W. PAR (Name of C	ISER ESO. Contact Person)	at ( <u>305</u> ) <u>670-7730</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check	c made payable to the Departme	ent of State.
$\frac{\mathbf{M}}{\mathbf{A}}$	ailing Address: mendment Section	Street Address: Amendment Section
	ivision of Corporations	Division of Corporations
	O. Box 6327	Clifton Building
Ta	allahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

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

-	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	r a corporation organized under the laws of the State ofFLORIDA
in order to change its regi.	stered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	KENNEDY HOUSE CONDOMINIUM, INC.
2. The principal office address:	1865 KENNEDY CAUSEWAY
	NORTH BAY VILLAGE, FLORIDA 33141
3. The mailing address (if different)	:
4. Date of incorporation/qualification	on: <u>10/29/1973</u> Document number: <u>727885</u>
5. The name and street address of the Florida Department of State:	ne current registered agent and registered office on file with the
	SKRLD, INC.
	201 ALHAMBRA CIRCLE, #1102
	CORAL GABLES, FLORIDA 33134
6. The name and street address of th	ne new registered agent (if changed) and /or registered office
(if changed):	e new registered agent (if changed) and 761 registered office
	DDIAN W DADIGED DA
	BRIAN W. PARISER, P.A.
	9130 SOUTH DADELAND BLVD., #1511 (P.O. Box NOT acceptable)
	MIAMI, FLORIDA 33156
<del> </del>	
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by resauthorized by the board or the cor	solution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.
(Signature of an officer or director	TIMOTHY MORRIS, PRESIDENT (Printed or typed name and title)
	, (, , , , , , , , , , , , , , , , , ,
I further agree to comply with the post of my duties, and I am familiar will document is being filed merely to recorporation has been notified in wi	registered agent and agree to act in this capacity.  provisions of all statutes relative to the proper and complete performance  h and accept the obligation of my position as registered agent. Or, if this  eflect a change in the registered office address, I hereby confirm that the  riting of this change.
Brian W Pariser P.	
(Signature of Registered Ager	<u> </u>
If signing on behalf of an entity:	
BRIAN W. PARISER, ES	Q
(Typed or Printed Name)	-

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