736188

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Bakalar & Elchner, P.A.	
Mellon Financial Center	<u> </u>
150 South Pine Island Road	
Suite 540	
Plantation, Florida 33324	
(City/State/Zip/Phone #)	
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(Document Number)	
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SECRETARY OF STATE
ALLAHASSEE FEARING

C. Charge AUG 2 5 2000

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statenger is submitted for a corporation organized under the laws of the State of Flore to change its registered office or registered agent, or both, in the State of Flore	orida	<i>S</i>	
1. The name of	the corporation: MEADOWBROOK LAKES CONDOMINIUM APARTMENTS, B	UILDIN	G #5, I	NC.
2. The principal DANIA FL 3	l office address: 201 SE 11TH TERRACE APT 404 33004 US			
3. The mailing a	address (if different): SAME			
4. Date of incor	rporation/qualification: 06/23/1976 Document number: 736188			
	nd street address of the current registered agent and registered office on file with the artment of State:	he		
	STRONGREEN, ELSIE			
	201 SE 11TH TERRACE STE 404			
	DANIA FL 33004	¥s.	9	
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	CRE TA	08 AUG 2	
	BAKALAR & EICHNER, P.A.	RY	-	
	150 SOUTH PINE ISLAND ROAD, SUITE 540	S. FL S. S.	=	
•	(P.O. Box NOT acceptable) PLANTATION, FL 33324	SAT PAT	94:	<u> </u>
The street addre	ress of its registered office and the street address of the business office of its re	gistered	i agent	,
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	ficer so	Ì	,
<u>(Signate</u>	ture or an officer or directory Eh5/E STRONG (Printed or typed name and title)	SREE	<i>=</i> W	
I hereby accept I further agree of my duties, an document is bei corporation has	t 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 comple nd I am familiar with and accept the obligation of my position as registered a sing filed merely to reflect a change in the registered office address, I hereby c as been notified in writing of this change.	ete perfo gent. O confirm	rmanc r, if thi that the	e s e
Kalalan	LE ECHAN SIBLEOS (Date)			
	ehalf of an entity:			
BAKALAR & I	EICHNER, P.A.			
(7	(Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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