

739249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

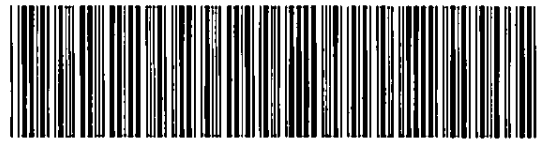
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2018

COURTNEY CADY  
FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

SUBJECT: MONACO CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 739249

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 218A00019630

*Rec 11/2/18*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Monaco Condominium Association, Inc  
Name of Corporation

DOCUMENT NUMBER: 739249

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:

Courtney Cady  
Name of Contact Person  
FirstService Residential  
Firm/Company  
6300 Park of Commerce Blvd  
Address  
Boca Raton, FL 33487  
City/State and Zip Code  
courtney.cady@fsresidential.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Cady at ( 561 ) 989-5021  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: Monaco Condominium Association, Inc
- 2. The principal office address: 6300 Park of Commerce Blvd  
Boca Raton, FL 33487
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/10/87 filed since 5/1/1996 Document number: 739249

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)

Konyk & Lemme PLLC  
777 S Flagler Drive, Suite 800 - West Tower  
West Palm Beach, FL 33401

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

Sachs Sax Caplan P.L.  
6111 Broken Sound Parkway NW, Suite 200  
P.O. Box NOT acceptable  
Boca Raton, FL 33487

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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.

[Signature]  
Signature of an officer or director

Robert Louis Price  
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.

[Signature]  
Signature of Registered Agent

10/30/18  
Date

If signing on behalf of an entity:

Louis Caplan  
Typed or Printed Name

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