750748

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12-33-14

COVER LETTER

TO: Amendment Section Division of Corporations

PA SUBJECT:	RKWAY TOWERS CONDOMINI	JM ASSOCIATION, INC.
	Name of Co	orporation
DOCUMENT	750748 NUMBER:	
The enclosed St	tatement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return al	l correspondence concerning this matter	to the following:
	David Klein	
	Name of Cor	itact Person
	Mllberg Klein PL	
	Firm/Co	mpany
	5550 Glades Road, Suite 500	
	Addı	ess
	Boca Raton, FL 33431	
	City/State an	d Zip Code
	Dklein@milbergkleinlaw.com	
	E-mail address: (to be used for fu	iture annual report notification)
For further info	rmation concerning this matter, please o	all:
David Klein		561 244-9461
1	Name of Contact Person	_at () Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Pursumt to th	he provisions of sections 607.0502, 617.0502, 60	17 1508 or 617 1508 Florida Statutos	this
	thange is submitted for a corporation organized:		
-	der to change its registered office or registered	• • • • • • • • • • • • • • • • • • • •	· ··
	. PARKWAY TOWERS C	ONDOMINIUM ASSOCIATION, I	INC.
I. The name of	of the corporation: 15600 NW 7 AVE OFFICE		
2. The princip	pal office address:		
3. The mailing	g address (if different):		
d Date of inc	orporation/qualification:	750748	
	and street address of the current registered agent		
	partment of State: (If resigned, enter resigned)	and registered office on the with the	
	HALBERG, MICHAEL		
	12233 SW 55TH STREET 810		<u>_</u>
		 	40
	FT LAUDERDALE, FL 33330		030
6. The name a	and street address of the new registered agent (if	changed) and /or registered office	18 PM
	Milberg Klein PL		န
	5550 Glades Road, Suite 500,		: 53
	P.O. Box NOT accep	table	
	Boca Raton, FL 33431		
The street add as changed w	dress of its registered office and the street addrill be identical.	ess of the business office of its register	red agent,
Such change authorized by	was authorized by resolution duly adopted by i the board, or the corporation has been notified	ts board of directors or by an officer so in writing of the change.	
		LGINE BKEVIL	Presi
Sugn	plure of the officer or discoor	Printed or typed name and title	
I nereby acce I further agre performance agent. ()r, if hereby confir	pt the appointment as registered agent and agi te to comply with the provisions of all statutes to of my duties, and I am familiar with and accep this document is being filed merely to reflect a in that the corporation has been notified in wr	ee to act in this capacity. relative to the proper and complete t the obligation of my position as regis change in the registered office addres ting of this change.	stered s, I
		12-15-14	
	Signature of Registered Agent	Date	
lf signing on i	behalf of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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