Requestor's Name

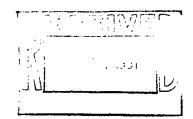
Diversified Management Services of South Florida P.O Box 451418 Sunrise, FL 33345-1418 500002150195--7 -04/22/97-0026-005 *****35.00 ******35.00

P.O Box 451418 Sunrise, FL 33345-1418		Office U	Office Use Only	
		BER(S), (if known):		
1.			=10.00	
— (Cor	poration Name)	(Document #)	LEC P	
2	poration Name)	(Document #)	ARER	
	poranou rvancy	(Document #)	ASS.	
3(Cor	poration Name)	(Document #)	ma A	
4	•	,	9: 55 F STA	
4(Cor	poration Name)	(Document #)	<u></u>	
			V	
☐ Walk in	Pick up time	Certified Copy	1	
Mail out	☐ Will wait ☐ Phot	ocopy Certificate of	Status	
NEW FILINGS	AMENDMENTS			
Profit	Amendment		RECEIVED 97 MAR 24 AH 9: 42 DIVISION OF CORPORATIONS	
NonProfit	Resignation of R.A., Off	icer/ Director	RAN RE	
Limited Liability	Change of Registered A	gent V	CE 24 of c	
Domestication	Dissolution/Withdrawal	DHEN	AH ORPI	
Other	Merger			
		$=$ $V(\alpha)$	- 42 - 42	
OTHER FILINGS'	REGISTRATIO		\supset \sim	
Annual Report	QUALIFICATION	ON塞		
Fictitious Name	Foreign		ng i	
Name Reservation	Limited Partnership	Vant	11.	
	Reinstatement		1/1	
	Trademark	(INK HIX	
	Other		01 901	
		Examiner's Initia	ls I	



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State



March 26, 1997

DIVERSIFIED MANAGEMENT SERVICES OF SOUTH FLORIDA PO BOX 451418 SUNRISE, FL 33345-1418

SUBJECT: NOB HILL AT WELLEBY CONDOMINIUM, INC. Ref. Number: 769916

We have received your document for NOB HILL AT WELLEBY CONDOMINIUM, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

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 (904) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 597A00015257

ASSUC .. LPPROVED BY-

DATE PD 4-8-97 (Issue Ct.)

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: Nob Hill At Welleby Condominium, Inc.
- 1b. The mailing address of the corporation is: P.O. Box 451418, Sunrise, FL 33345-1418
- 1c. Date of incorporation: <u>08/19/83</u> Document number: <u>769916</u>
- 2. The name and address of the current registered agent and office:

<u>Development Consultants, Inc.</u> <u>2901 Simms Street</u> Hollywood, FL 33020-8510 97 APR 10 AM 9: SECRETARIASSEE, FL

3. The name and address of the new registered agent and office: (P.O. Box No Acceptable)

<u>Diversified Management Services of South Florida, Inc.</u>
8457 W. Oakland Park Blvd.
Sunrise, FL 33351

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.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

3//9/97 (Date)

If signing on behalf of an entity:

Barbara E. Waters

(Typed or Printed Name)

(Capacity)