## N03000000385

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations		
SUBJECT: OCEAN PALMS ASSOCIATION, INC (Name of Corporation)		
(Name of Corporation	511)	
DOCUMENT NUMBER: N0300000385	<u></u>	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
1		
Mark B. Schorr.	Fsa.	
Mark B. Schorr, Esq. (Name of Contact Person)		
Mark B. Schorr, P.A.		
Mark B. Schorr, P.A. (Firm/Company)		
800 S.F. Third Ave. Suite 300		
800 S.E. Third Ave., Suite 300 (Address)		
FORT LAUDERDALE, FL 33316-1152		
FORT LAUDERDALE, FL 33316-1152 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mark B. Schorr, Esq. at ( (Name of Contact Person) (A	954 ) 761-3774	
(Name of Contact Ferson)	rea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of	State.	
Mailing Address	Stroot Address	
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

TO:

Amendment Section

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

statement of cha	provision's of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
	he corporation: OCEAN PALMS ASSOCIATION, INC.
	office address: 3101 S. OCEAN DRIVE, HOLLYWOOD FL 33019
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 01/15/2003 Document number: N0300000385
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	RYAN POLIAKOFF E STATE OF THE POLICE OF THE
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)  RYAN POLIAKOFF  3101 S. OCEAN DRIVE, HOLLYWOOD FL 33019  street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	MARK B. SCHORR
	800 S.E. Third Ave., Suite 300
	(P.O. Box NOT acceptable)
	FORT LAUDERDALE, FL 33316-1152
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board of the corporation has been notified in writing of the change.
	Ryan Poliakoff, President (Printed or typed name and title)
I hereby accept	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Mer	h b. ph 1/9/09
	nature of Registered Agent) (Date) nalf of an entity:
	vped or Printed Name)

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