## ND5000005594

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

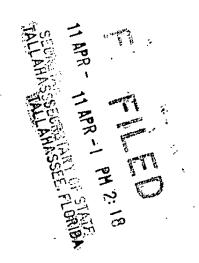
Office Use Only



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## **COVER LETTER**

TO:		ment Section a of Corporations						
SUBJ	ЕСТ:	Verano at De	elray Condon Name of	ninium A Corporation	association,	Inc.		
DOC	UMENT I	NUMBER:	No	5000005	5594			
The e	nclosed St	atement of Change	of Registered Offi	ce/Agent a	nd fee are subn	nitted for filing.		
Please	return all	correspondence co	ncerning this matt	er to the fo	llowing:			
	Name of Contact Person							
A& N Management, Inc.								
	Firm/Company							
902 Clint Moore Road #110								
	Address							
	Boca Raton, FL 33445							
	City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)							
For fu	rther info	rmation concerning	this matter, please	call:				
		Jeanette Ram		at (	561)	455-2106		
	]	Name of Contact Pe	erson	Ar	ea Code & Day	time Telephone Number		
Enclo	sed is a \$3	35.00 check made pa	ayable to the Depa	irtment of S	State.			
			ddress: ent Section		Street Address Amendment	Section		
		P.O. Box	6327		Clifton Build	_		
		i ananasse	ee, FL 32314		∠ooi execut	IAC COLLES CLICIE		

Tallahassee, FL 32301

. TO:

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

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or ro	rganized under the laws of the Sta	te of Florida				
1. The name of	the corporation: Verano at Del	ray Condominium Asso	ciation, Inc.				
	office address: 1805 Palm Cove						
	ach, FL 33445						
3. The mailing a	ddress (if different): c/o A&N Ma	nagement 902 Clint Moore	Road, Suite 110,				
	ton, FL 33487						
4. Date of incorp	poration/qualification: 5/27/20	005 Document number:	N05000005594				
	I street address of the current register timent of State: (If resigned, enter re-		ile with the				
	Katzman Garfinkel & Berger	•					
	1501 NW 49TH STREET, 2	ND FLOOR	- in the second				
	FT. LAUDERDALE FL 3330	9 US					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Law Offices of John T. Kins	ey , P.A.					
	2385 NW Executive Center Drive Suite 100						
		ox NOT acceptable					
	Boca Raton, FL 33431		<del></del>				
The street address changed will	ess of its registered office and the s be identical.	treet address of the business offic	ee of its registered agent,				
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has be	lopted by its board of directors or en notified in writing of the chang	by an officer so ge.				
Signatu	re of an officer or director	Brian Paulsen - Printed or typed name	Vice President				
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered age to comply with the provisions of al and I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	nt and agree to act in this capaci I statutes relative to the proper a e obligation of my position as reg in the registered office address, a ange.	ty. nd complete performance ristered agent. Or, if this I hereby confirm that the				
Och	2 17/2	3-30	-11				
Sig	mature of Registered Agent	Date					
If signing on be	chalf of an entity:						
<u></u>							
ī	yped or Printed Name						

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