

N05000006607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

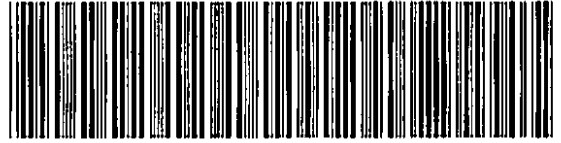
(Business Entity Name)

(Document Number)

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04/09/21--01014--014 **35.00

RA/RO/charge

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: Three Palms Center Condominium Association, Inc.
- 2. The principal office address: 2141 S Alternate A1A, Suite 100
Jupiter, FL 33477
- 3. The mailing address (if different): Same as above
- 4. Date of incorporation/qualification: 06/24/2005 Document number: N05000006607
- 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)

Levine Law Group
2500 N Military Trail Suite 283
Boca Raton, FL 33431

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

Florida Association Attorneys
11891 U.S. Highway 1 North #100
North Palm Beach, FL 33408

P.O. Box NOT acceptable

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 2021 MAR -9 AM 10:38
 SECRETARY OF STATE
 TALLAHASSEE, FL

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 of an officer or director

Louis J. Raso, President

 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 of Registered Agent

4/5/21

 Date

If signing on behalf of an entity:

Bruno Gajon FOR Florida Association Attorneys

 Typed or Printed Name

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

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