

NO 060000005049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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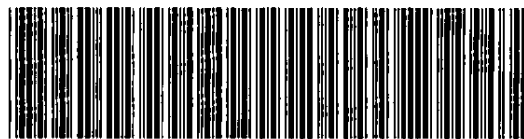
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUL -9 AM 10:45

RALPH
@ 7/12/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eldorado Plaza West Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000005099

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bakalar, Business Manager
Name of Contact Person

Bakalar & Associates, P.A.
Firm/Company

150 South Pine Island Road, Suite 540
Address

Plantation, FL 33324
City/State and Zip Code

smartbroke@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bakalar, Business Manager at (954) 475-4244
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Eldorado Plaza West Association, Inc.
2. The principal office address: 180-200 NE 12th Avenue, Hallandale, FL 33009
3. The mailing address (if different): 12358 Wiles Road, c/o Unified Property Services
Coral Springs, FL 33076
4. Date of incorporation/qualification: 5/9/2006 Document number: N06000005099
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)

Bakalar, Michael

150 South Pine Island Road, Suite 540

Plantation, FL 33324 US

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

Bakalar & Associates, P.A.

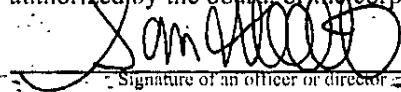
150 South Pine Island Road, Suite 540

P.O. Box NOT acceptable

Plantation, FL 33324 US

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.



Samuel J. Martiello, Jr.
CAM-Property Manager
Agent for Owner

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

6/22/2010

Date

If signing on behalf of an entity:

Susan P. Bakalar, Esq.

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

CR2E045 (8/05)

FILED
SECRETARY OF STATE
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