

1723 711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Portsview at the Waterways Condominium Association Inc
Name of Corporation

DOCUMENT NUMBER: N23711

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:

Maria Casanova
Name of Contact Person
Castle Group
Firm/Company
3610 Yacht Club Drive
Address
Aventura FL 33180
City/State and Zip Code

mcasanova@castlegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Casanova at (305) 935-5852
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
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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: Portsviiew at the Waterways Condominium Association Inc
2. The principal office address: 3610 Yacht Club Drive, Aventura FL 33180

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/03/1987 Document number: N23711

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)

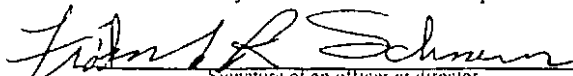
Raphael, Lindsay E., Esq.
Raphael Law P.A.
1001 W. Yamato Rd, suite 401, Boca Raton FL 33431

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

SKRID, Inc.
201 Alhambra Circle, 11th Floor
Coral Gables, FL 33134
P.O. Box NOT acceptable


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 authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

FREDERICK R. SCHWEIDER
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

7/18/2023
Date

If signing on behalf of an entity:

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

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