## N 95000005357

(Requestor's Name)		
(Address)	600297131736	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	03/31/1701009019 **35.00	
(Business Entity Name)	O TALLENT	
(Document Number)	S. TALLENT MAY 0 4 2017	
Certified Copies Certificates of Status	NA CH	
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Office Use Only



April 7, 2017

DR. JOSEPH DEVENUTO CRISTELLE CONDOMINIUM ASSOCIATION OF BRO 1700 SOUTH OCEAN BLVD (MGMT OFFICE) LAUDERDALE BY THE SEA, FL 33062

SUBJECT: CRISTELLE CONDOMINIUM ASSOCIATION OF BROWARD

COUNTY, INC.

Ref. Number: N95000005357

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 917A00006695

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Cristelle Conclominium Association of Broward County, In	14
DOCUMENT NUMBER: <u>N9500005357</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 following:	
Dr. Juseph Devento  Name of Contact Person  Cristelle Conclumnum Association of Brown County, Inc.	
Tima company	•
1700 Surth Ocean blul (MGMT Office)	
harderdale - by - the - Sea, FL 33062 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Juseph DeVenutu at (609 )658-4425 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: Cristelle Condomnium Association of Browned County, Inc. 2. The principal office address: 1700 South Ocean Glub. Landedde by the son, FL 33062
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/13/1995 Document number: N9500005357
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)  (Resigned) Lehymbeck Jeannic  1700 Suff Ocean blue (Momt office)  Pompano Beach, FL 33062  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lowlychle - by - the - Sea, Fh 33062
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.
ROBER S. GLASS VICE PRESIDENT  Printed or typed name and little.
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.
Januare of Registered Agent Date
If signing on behalf of an entity:
Joseph J De Venuy Jr. Typed or Printed Name

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