

N40419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

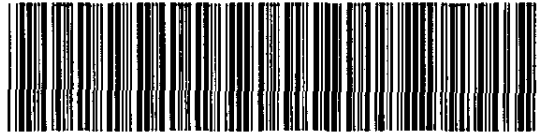
(Business Entity Name)

(Document Number)

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LAW OFFICES

BECKER & POLIAKOFF, P.A.

3111 Stirling Road
Ft. Lauderdale, Florida 33312-6525
Phone: (954) 987-7550 Fax: (954) 985-4176
US Toll Free: 800-432-7712

Mailing Address:
P.O. Box 9057
Ft. Lauderdale, FL 33310-9057

Robert Rubinstein, Esq.
Direct: (954) 985-4119
rrubinst@becker-poliakoff.com

Florida Offices

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3111 Stirling Road
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Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Office/Agent

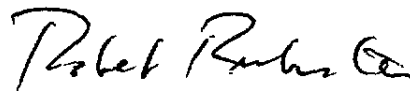
Dear Sir/Madam:

Enclosed please find a Statement Of Change Of Registered Office Or Registered Agent Or Both For Corporation for The Waves Condominium Association, Inc., together with our check #146362 in the amount of \$35.00.

Kindly make the appropriate change for this corporation immediately and forward confirmation of same to my attention.

Thank you for your prompt attention to this matter.


Very truly yours,



Robert Rubinstein
For the Firm

RR/pah
Enclosures
cc: The Waves Condominium Association, Inc.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Waves Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N40419

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:

Robert Rubinstein, Esq.
(Name of Contact Person)

Becker & Poliakoff, P.A.
(Firm/Company)

3111 Stirling Road
(Address)

Fort Lauderdale, FL 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

Pat Hill at (954) 987-7550, Ext. 5156
(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: The Waves Condominium Association, Inc.
2. The principal office address: 9455 Collins Avenue
Surfside, FL 33154
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 10/16/90 Document number: N40419

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

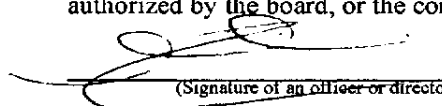
Hyman Kaplan Ganguzza Spector & Mars
Museum Tower
150 West Flagler St., 27th Floor
Miami, FL 33130

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

Gary A. Poliakoff, President
Becker & Poliakoff, P.A.
3111 Stirling Road
(P.O. Box NOT acceptable)
Fort Lauderdale, FL 33312

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)

SENGIO GUVITSCH, 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)

10-17-95
(Date)

If signing on behalf of an entity:

Gary A. Poliakoff, President
(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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