713479

(Re	questor's Name)					
(Ad	dress)					
•						
(Ad	dress)					
(C)	Victory (Tim/Dhan)	- 40				
(Cit	y/State/Zip/Phone	÷#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to I	Filing Officer:					
	·					

Office Use Only

,



200061543612

11/22/05--01013--002 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

RA Charge

C. Coulliste NOV 2 9 2005

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Pio Nuevo "C" Condominium Association, Inc.				
DOCUMENT NUMBER: 713479				
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:				
David L. Brough Esq.: (Name of contact person)				
Brough, chadrow & Levine, P.A. (Firm/Company)				
1900 N. Commerce Parkway (Address)				
Weston, FL 33326 (City/state and zip code)				
For further information concerning this matter, please call:				
Tavid L. Braugh (Name of contactoperson) at (954) 384-0732 (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 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sectio age is submitted fo to change its regi	r a corporati	on organ	ized under	the laws	of the Sta	te of		this ———	
The name of the control of the principal of the principal of the control of	•	Pio M 1100 Fort L	Jevo SW auder	12th	ondo Stre FL			1850	ciat	ion, Inc
3. The mailing ad	ldress (if different)	:								
4. Date of incorpo	oration/qualification	on:		Docu	ıment nui	mber:	7131	179		
5. The name and Florida Depart	street address of the	ne current reg	gistered ag	gent and re	gistered o	office on i	file with	the		
	Nova	cy Dr	esch	er						
	//0	0 SW	124	h Sh	reet.	#-10	1			
	Fort	Lauden	dale,	FL:	33319	5		TALLI/	2005 NOV	
6. The name and (if changed):	street address of th		_			or register	ed offic	HASSEE	22	FILED
-		Brough, Cha 1900 North (2	0
-		(P.O. Bo	on FL 33,	26				TATE ORIDA	2: 57	
The street addres as changed will be	ss of its registered be identical.	office and t	he street	address of	the busi	ness offic	e of its	registe	ered ag	gent,
	s authorized by re e board, or the co									
) are (Signatur	ont an officer or directo				n & S	d or typed na	// me and tit	le)		
I further agree to of my duties, and document is bein) he appointment a comply with the I I am familiar wi g filed merely to been notified in w	provisions o th and accep reflect a cha	of all stati ot the obli mee in the	utes relati gation of i e registere	act in th ve to the my positi ed office o	is capacit proper ar ion as reg address, i	ty. id comi istered I hereby	plete pe agent. confir	erform Or, i m tha	iance f this t the
(Sigr	nature of Registered Age	nt)				(Date)				
If signing on beh	alf of an entity:									
David 1	ped or Printed Name)	<u>h</u>								

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