## 709348

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Office Use Only



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Change

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SECRETARY OF STATE

7/12/10

## **COVER LETTER**

DOCUMENT NU	MBER:	709348	· ·
The enclosed Stater	nent of Change of Registered Off	fice/Agent and fee are s	submitted for filing.
Please return all con	respondence concerning this mat	ter to the following:	1
·		•	1
·	Michael Bakalar	, Business Manage Contact Person	r ;
•	Name of (	Contact Person	· •
•			:
•		Associates, P.A.	•
	rimy	Company	
		land Road, Suite 5	40 ·
	A	ddress	•
	,	_,,	
	Plantatio	on, FI 33324	
	·	• ,	
		فمصطاف بممالمما	ł
_	smartbroke( E-mail address: (to be used fo	@bellsouth.net	*

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: Haven House No. 3, Inc., A Condominium
2. The principal office address: 1250 NE 36th Street, Pompano Beach, FI 33064
3. The mailing address (if different): 12358 Wiles Road, c/o Unified Property Services  Coral Springs, FI 33076
4. Date of incorporation/qualification: 7/22/1965 Document number: 709348
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, FI 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, FI 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 life corporation has been notified in writing of the change.  Samuel J. Martiello, Jr.  CAM-Property Manager  Agent for Overnight 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 Date Date
If signing on behalf of an entity:
Susan P. Bakalar, Esq. Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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