729390

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SECRETARY OF STATE

AMOYE



COVER LETTER

TO: Amendment Section Division of Corporat	ions					
SUBJECT: LIM	E BAY CONDOMINI Name of Corp	UM, INC. NO. 3				
DOCUMENT NUMBER:_	72	9390				
The enclosed Statement of C	hange of Registered Office/A	gent and fee are submitted for filing	•			
Please return all corresponde	nce concerning this matter to	the following:				
	Guy M. Shir Name of Contac	, Esq.				
	Name of Contac	et Person				
	W-1 OL:	. Di				
	Kahan Shi Firm/Comp					
	·	•				
	1800 N.W. Corporate	Blvd. Suite 200				
	Address					
Boca Raton, FL 33431 City/State and Zip Code						
	City/State and A	Lip Code				
	gshir@kahans	hir.com				
E-mail address: (to be used for future annual report notification)						
For further information conce	erning this matter, please call	;				
Guy M. S	hir, Esq.	at (561) 999-59	99			
Name of Con	tact Person	at (<u>561</u>) <u>999-59</u> Area Code & Daytime Telephon	e Number			
Enclosed is a \$35.00 check n	nade payable to the Departme	nt of State.				
Amo Div P.O.	ling Address: endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	role			

Tallahassee, FL 32301



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

statement of change is su	bmitted for a corp	poration organized	607.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of Florida
1. The name of the corpo	ration: LIME E	BAY CONDO	MINIUM, INC. NO.	3
2. The principal office ad			RVICES 4800 N. STAT	TE ROAD 7 #105
3. The mailing address (i	f different):			
4. Date of incorporation/o	ualification:	4/18/1974	Document number:	729390
5. The name and street ac Florida Department of			t and registered office on fil	e with the
BROU	GH, DAVID E	SQ. BROUGH	, CHADROW & LEVIN	<u>ve</u>
1900 NO. COMMERCE PKWY.				
WEST	ON, FL 33320	6		ASSEV ASSEV
6. The name and street ac (if changed):	dress of the new	registered agent (i	f changed) and /or registered	d office
Kahar	Shir, PL			
1800 [N.W. Corpora	te Blvd. Suite 2		
Boca F	Raton, FL 334	P.O. Box NOT acc	reptable	
The street address of its as changed will be ident	registered office ical.	and the street add	lress of the business office	of its registered agent,
"			its board of directors or bed in writing of the change	
Marshalle of an office	er or director	•	Printed or typed marine	ghatine Pees-
I hereby accept the apport of further agree to complete of my duties and fam to document it being filed corporation has been no	in ment as regis y with the provis imiliar with and herely to reflect tified in writing	tered agent and a ions of all statute. accept the obliga a change in the re of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I l	l complete performance stered agent. Or, if this hereby confirm that the
Signature of Ra	gistered Agent		7/24/10	<u>></u>
If signing on behalf of a	-		g 1241G	
Typed or Prin	ted Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)