## 709539

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900187359609

11/04/10--01016--014 \*\*35.00

TO NOV -4 AH 10: 06

PA. Charge C.COULLIETTE

NOV 08 2010

**EXAMINER** 

## **COVER LETTER**

Division of	f Corporations			
SUBJECT:	Ocean Monarch Cond	dominium. Inc.		
	Name of Cor			
DOCUMENT NU	MBER: 70	9539		
The enclosed States	ment of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all co	rrespondence concerning this matter to	o the following:		
	Michael S. Be Name of Conta	nder, Esq.		
	Name of Cont	act Person		
	Kaye & Ben	der, P.L.		
	Firm/Con	pany		
1200 Park Central Boulevard South				
	Addre	SS		
	Pompano Beach, City/State and	Florida 33064		
	City/State and	Zip Code		
_	MBender@KayeBe	nderLaw.com		
	E-mail address: (to be used for fut	ure annual report notification)		
For further informa	ation concerning this matter, please ca	11:		
Mich	nael S. Bender, Esq.	at ( 954 ) 928-0680		
Nai	ne of Contact Person	at ( 954 ) 928-0680 Area Code & Daytime Telephone Number		
Enclosed is a \$35.0	00 check made payable to the Departm	ent 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

TO:

Amendment Section

## 沃艾

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

statement of cha	nge is submitted for a corpo	oration organiz	607.1508, or 617.1508, Flore ed under the laws of the State ed agent, or both, in the State	of Florida	
1. The name of	the corporation: Ocean I	Monarch C	ondominium, Inc.		
2. The principal Florida 33		ompano Bea	ch Boulevard, Pompand	Beach,	
3. The mailing a	ddress (if different): n/a				
4. Date of incor	poration/qualification:	9/3/65	Document number:	709539	
	I street address of the currer tment of State: (If resigned,		ent and registered office on file	e with the	
	Robert Kaye & Assoc	ciates			
	6261 NW 6th Way, S	uite 103			
	Fort Lauderdale, Flor	rida 33309			_,,
6. The name and (if changed):	d street address of the new re	egistered agent	(if changed) and /or registered	d office 10 NOV -L	NOISIAN
	Kaye & Bender, P.L.				유 <b>지</b>
4200 Barte Control Boulevand Couth					
P.O. Box NOT acceptable				AM 10: 0	08.3 1.5
The street addr	Pompano Beach, Floress of its registered office a be identical.		ddress of the business office	வ	Tion
Such change w authorized by t	as authorized by resolution he board, or the corporation	n duly adopted n has been noti	by its board of directors or be fied in writing of the change	y an officer so	
Signati	ire of afrollicer of director		Ron Szczaninsk Printed oftyped name		t
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as regist to comply with the provision of I am familiar with and co ing filed merely to reflect to s been notified in writing o	ered agent and ons of all statu accept the oblig a change in the of this change.	agree to act in this capacity tes relative to the proper and tation of my position as region registered office address, Ti	d complete performance stered agent. Or, if this hereby confirm that the	3
<del>- / \s</del>	nature of Registered Agent	<del></del>	10/13/ <sup>2</sup> Date	10	
If signing on be	ehalf of an entity:				
	nael S. Bender, Esq.				

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