709348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 23 2016

I ALBRITTON

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** HAVEN HOUSE NO. 3. INC.,A CONDOMINUM
Name of Corporation

**DOCUMENT NUMBER:** 709348

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 Brough
Name of Contact Person

Brough, Chadrow & Levine, P.A.
Firm/Company

2149 North Commerce Parkway
Address

Weston, FL 33326
City/State and Zip Code

dbrough@bclpa-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Brough at (954) 384-0732
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

CR2E045 (03/12)

**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 CONDOMINUM

2. The principal office address: 1250 N E 36TH STREET POMPANO BEACH, FL 33064

3. The mailing address (if different): PO Box 50373 CORAL SPRINGS, FL 33074

4. Date of incorporation/qualification: 07/22/1965 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)

Brough, Chadrow & Levine, P.A.

1900 North Commerce Parkway

Weston, FL 33326

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

Brough, Chadrow & Levine, P.A.

2149 North Commerce Parkway

P.O. Box NOT acceptable

Weston, FL 33326

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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

VICTORIA PRISTO, 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

6/8/16
Date

If signing on behalf of an entity:

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

CR2E045 (03/12)